



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 123268		2. Exact name of the Corporation ADVANCED CIVIL DESIGN, INC.			
3. Principal Office Address 88 Peepload Road		City North Scituate		State RI	Zip 02857
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island provide professional engineering services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒					
President Name Nicholas J. Piampiano			Vice-President Name Curtis S. Ruotolo		
Street Address 88 Peepload Road			Street Address 1 Laura Court		
City No. Scituate	State RI	Zip 02857	City Smithfield	State RI	Zip 02917
Secretary Name Nicholas J. Piampiano			Treasurer Name Curtis S. Ruotolo		
Street Address 88 Peepload Road			Street Address 1 Laura Court		
City No. Scituate	State RI	Zip 02857	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name none			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment ☐		
Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	\$1.00
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Nicholas J. Piampiano, President					Date 2/19/18
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
FEB 26 2018
2188 DS
BY _____

FORM 630 - Revised: 10/2017