RI SOS Filing Number: 201859214460 Date: 2/27/2018 4:00:00 PM

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

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SECRETARY OF STATE
CORPORATIONS DIV
2018 FEB 27 PM 1:40

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	2. Exact name of the Corporation		
147778	MAP CROSS CONNECTIONS, INC.		
3. Principal Office Address	City	State	Zip
19 TWIN RIVER ROAD	LINCONL	RI	02865
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
541690	WATER WORKS CONSULTING		
5. State of Incorporation			
RHODE ISLAND			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: MARTHA P. PUNCHAK			Vice-President Name: ALEXANDER PUNCHAK		
Street Address: 19 TWIN RIVER ROAD			Street Address: 19 TWIN RIVER ROAD		
City: LINCOLN	State: RI	Zip: 02865	City: LINCOLN	State: RI	Zip: 02865
Secretary Name: ALEXANDER PUNCHAK			Treasurer Name: MARTHA P. PUNCHAK		
Street Address: 19 TWIN RIVER ROAD			Street Address: 19 TWIN RIVER ROAD		
City: LINCOLN	State: RI	Zip: 02865	City: LINCOLN	State: RI	Zip: 02865

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: MARTHA P. PUNCHAK			Director Name: ALEXANDER PUNCHAK		
Street Address: 19 TWIN RIVER ROAD			Street Address: 19 TWIN RIVER ROAD		
City: LINCOLN	State: RI	Zip: 02865	City: LINCOLN	State: RI	Zip: 02865
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.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	NO PAR

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	Date
MARTHA P. PUNCHAK PRESIDENT	2-18-18

Signature of Authorized Representative: Martha P. Punchak President

SIGN DOCUMENT HERE

FILED
FEB 27 2018
BY 325385

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

FORM 630 - Revised: 10/2017