



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.

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SECRETARY OF STATE
CORPORATIONS DIV

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1. Entry ID Number 1663791		2. Exact name of the Corporation Viridian Analytics Inc.	
3. Principal Office Address 32 Oak Street, Apt 4		City Providence	State RI
		Zip 02909	
4. NAICS Code 541690	6. Brief description of the character of business conducted in Rhode Island We balance scientific and analytic rigor with innovative problem solving to produce pragmatic solutions in the areas of urban and environmental planning, finance, energy, climate change, community sustainability and resiliency, and natural resource management.		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Ingrid Heilke		Vice-President Name n/a	
Street Address 32 Oak Street Apt 4		Street Address	
City Providence	State RI	City	State
Secretary Name Ingrid Heilke		Treasurer Name	
Street Address 32 Oak Street Apt 4		Street Address	
City Providence	State RI	City	State
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Ingrid Heilke		Director Name	
Street Address 32 Oak Street Apt 4		Street Address	
City Providence	State RI	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
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 <input type="checkbox"/>	
		NUMBER OF SHARES 1000	CLASS/SERIES common stock
		PAR VALUE \$01	
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 Ingrid Heilke		Date 02/19/2018	
Signature of Authorized Representative 		SIGN DOCUMENT HERE FILED MAR 01 2018	

MAIL TO:
Division of Business Services
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FORM 630 - Revised: 10/2017