



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

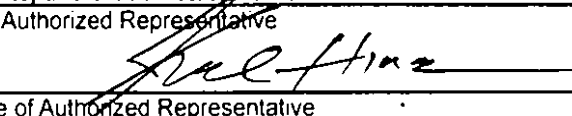
FILED

MAR 01 2018

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.

BY _____

1. Entity ID Number 35779		2. Exact name of the Corporation NARRAGANSETT ENGINEERING, INC.			
3. Principal Office Address 3102 EAST MAIN ROAD		City PORTSMOUTH		State RI	Zip 02871
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island PROVIDE CIVIL ENGINEERING AND PROPERTY SURVEY SERVICES AND DESIGNS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KAMAL HINGORANY			Vice-President Name NEAL KAMAL HINGORANY		
Street Address 87 OLD WARREN RD			Street Address 104 DIGHTON AVENUE		
City SWANSEA	State MA	Zip 02777	City PORTSMOUTH	State RI	Zip 02871
Secretary Name DENISE L. HINGORANY			Treasurer Name DENISE L. HINGORANY		
Street Address 87 OLD WARREN RD			Street Address 87 OLD WARREN RD		
City SWANSEA	State MA	Zip 02777	City SWANSEA	State MA	Zip 02777
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
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			10. Shares Issued 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.			NUMBER OF SHARES 1000	CLASS/SERIES CNP	PAR VALUE 0.00
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 				Date 2/13/18	
Signature of Authorized Representative Kamal Hingorany				FILED	

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

MAR 01 2018
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