



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 <b>119444</b>		2. Exact name of the Corporation <b>Engineering Design Services, Professional Corporation</b>			
3. Principal Office Address <b>141 Industrial Highway</b>		City <b>Slatersville</b>		State <b>RI</b>	Zip <b>02876</b>
4. NAICS Code <b>541330</b>		6. Brief description of the character of business conducted in Rhode Island <b>to provide engineering, design and related services</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Glen G. Markey</b>		Vice-President Name <b>William T. Mayer, III</b>			
Street Address <b>175 Kasey Court</b>		Street Address <b>62 Cross Street</b>			
City <b>Uxbridge</b>	State <b>MA</b>	Zip <b>01569</b>	City <b>Franklin</b>	State <b>MA</b>	Zip <b>02038</b>
Secretary Name <b>William T. Mayer, III</b>		Treasurer Name <b>Glen G. Markey</b>			
Street Address <b>62 Cross Street</b>		Street Address <b>175 Kasey Court</b>			
City <b>Franklin</b>	State <b>MA</b>	Zip <b>02038</b>	City <b>Uxbridge</b>	State <b>MA</b>	Zip <b>01569</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>		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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		180		Common	\$0.01
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. <b>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.</b>					
Name of Authorized Representative <b>Glen R. Markey, President</b>					Date <b>Feb 23, 2018</b>
Signature of Authorized Representative  <b>FILED</b>					

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