RI SOS Filing Number: 201859628780 Date: 3/1/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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CORPORATIONS DIV.
2018 MAR -1 PM 3:34

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		
88904	SUGRUE AND ASSOCIATES, INC.		
3. Principal Office Address	City	State	Zip
72 Hartford Avenue	N. Scituate	RI	02857

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541370	Land Surveying Services.
5. State of Incorporation	
Rhode Island	

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

President Name Michael P. Sugrue			Vice-President Name Michael P. Sugrue		
Street Address 72 Hartford Pike			Street Address 72 Hartford Pike		
City N. Scituate	State RI	Zip 02857	City N. Scituate	State RI	Zip 02857
Secretary Name Michael P. Sugrue			Treasurer Name Michael P. Sugrue		
Street Address 72 Hartford Pike			Street Address 72 Hartford Pike		
City N. Scituate	State RI	Zip 02857	City N. Scituate	State RI	Zip 02857

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

Director Name			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	10. Shares Issued		Check the box to indicate an attachment ☐
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	50	Common	No Par Value

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
Michael P. Sugrue, President	2/12/18

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED

MAR 01 2018

BY 18955

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