



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED**STAMP**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.

MAR 02 2018

BY

11696

FOR

1. Entity ID Number 156698		2. Exact name of the Corporation Turning Point Survey Company, Inc.												
3. Principal Office Address 100 Broadcommon Road		City Bristol		State RI	Zip 02809									
4. NAICS Code 541370	6. Brief description of the character of business conducted in Rhode Island Providing professional land surveying services													
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 David G. Greenhalgh			Vice-President Name Susan B. Greenhalgh											
Street Address 26 Woodland Road			Street Address 26 Woodland Road											
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806									
Secretary Name Steven M. McInnis			Treasurer Name David G. Greenhalgh											
Street Address 38 Bellevue Avenue, Suite H			Street Address 26 Woodland Road											
City Newport	State RI	Zip 02840	City Barrington	State RI	Zip 02806									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name David G. Greenhalgh			Director Name											
Street Address 26 Woodland Road			Street Address											
City Barrington	State RI	Zip 02806	City	State	Zip									
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 <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>\$.01 Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	\$.01 Par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	Common	\$.01 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 David G. Greenhalgh				Date 1/28/18										
Signature of Authorized Representative 				SIGN DOCUMENT HERE										

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov