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

FILED
MAR 02 2018
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BY 4550

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		
53530	RP Engineering, Inc.		
3. Principal Office Address	City	State	Zip
121 Suffolk Drive	North Kingstown	RI	02852

4. NAICS Code: 541330

5. State of Incorporation: RI

6. Brief description of the character of business conducted in Rhode Island: **Environmental consulting, engineering, construction and development services and all business activities lawful within this chapter.**

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

President Name: Richard L. Pastore			Vice-President Name: Richard L. Pastore		
Street Address: 121 Suffolk Drive			Street Address: 121 Suffolk Drive		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852
Secretary Name: Richard L. Pastore			Treasurer Name: Richard L. Pastore		
Street Address: 121 Suffolk Drive			Street Address: 121 Suffolk Drive		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852

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

Director Name: Richard L. Pastore			Director Name		
Street Address: 121 Suffolk Drive			Street Address		
City: North Kingstown	State: RI	Zip: 02852	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	One Class	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: **Richard L. Pastore, President**

Date: 2/23/18

Signature of Authorized Representative: SIGN DOCUMENT HERE

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