



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 000979909		2. Exact name of the Corporation Griffith and Vary, Inc.			
3. Principal Office Address 12 Kendrick RD. UNIT 1		City WAREHAM		State MA	Zip 02571
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island PROFESSIONAL ENGINEERING SERVICES			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name WAYNE E. MATTSON			Vice-President Name ROBERT C. BRAVO		
Street Address 70 PLEASANT ST.			Street Address 40 CHRISTOPHER COURT		
City MARION	State MA	Zip 02768	City NEWBERFORD	State MA	Zip 02745
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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"/>		
			NUMBER OF SHARES 200,000	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 Wayne E. Mattson					Date 3/7/2018
Signature of Authorized Representative 					SIGN DOCUMENT HERE

FILED

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

MAR 12 2018

BY

FORM 630 - Revised: 10/2017