



State of Rhode Island and Providence Plantations

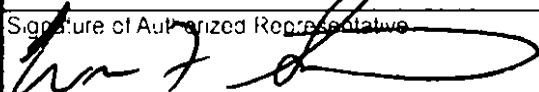
Department of State - Business Services Division

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 Entry ID Number 46217		2 Exact name of the Corporation CIVIL ENGINEERING CONCEPTS, INC.			
3 Principal Office Address 34A MAIN STREET			City LITTLE COMPTON	State RI	Zip 02837
4 NAICS Code 541330		6 Brief description of the character of business conducted in Rhode Island GENERAL ENGINEERING BUSINESS			
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 WILLIAM F. SMITH			Vice President Name NANCY SMITH		
Street Address 23 HIGHLAND AVENUE			Street Address 23 HIGHLAND AVENUE		
City LITTLE COMPTON	State RI	Zip 02837	City LITTLE COMPTON	State RI	Zip 02837
Secretary Name WILLIAM F. SMITH			Treasurer Name WILLIAM F. SMITH		
Street Address 23 HIGHLAND AVENUE			Street Address 23 HIGHLAND AVENUE		
City LITTLE COMPTON	State RI	Zip 02837	City LITTLE COMPTON	State RI	Zip 02837
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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 1200	CLASS SERIES COMMON	PAR VALUE 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 WILLIAM F. SMITH, PRESIDENT					Date 3/5/18
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

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FORM 630 - Revised: 10/2017