



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 88582		2. Exact name of the Corporation SITE ENGINEERING CONSULTANTS, INC.			
3. Principal Office Address 55 Grape Shot Road		City Sharon		State MA	Zip 02067
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island To provide civil engineering, consulting, and design services for site development related to projects.			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Anthony Stella			Vice-President Name Leah Stella		
Street Address 55 Grape Shot Road			Street Address 55 Grape Shot Road		
City Sharon		State MA	Zip 02067	City Sharon	
State MA		Zip 02067		State MA	
Zip 02067		City Sharon		State MA	
City Sharon		State MA		Zip 02067	
Secretary Name			Treasurer Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip		City		State	
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		State	
Zip		City		State	
City		State		Zip	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip		City		State	
City		State		Zip	
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			15,000	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. <i>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.</i>					
Name of Authorized Representative ANTHONY STELLA				Date 3/15/18	
Signature of Authorized Representative <i>Anthony Stella</i>					

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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