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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018 Corporation

STAMP

→ Filing period: January 1 - March 1

→ Filing Fee: \$50,00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

Entity ID Number	2. Exact nam	2. Exact name of the Corporation						
000017909	R.L.Horri	idge & Assoc	iates, Inc.					
3. Principal Office Address			City		State	Zip		
601 Jefferson Boulevard			Warwick		RI	02886		
4. NAICS Code	6. Brief desci	ription of the charac	cter of business	conducted in Rh	ode Island	I		
541330	engineering	engineering design services						
5. State of Incorporation								
RI								
7. List ALL officers (names and	d addresses)				heck the box to indi	cate an attachment 🗖		
President Name Raymond L. Horridge			Vice-President Name None					
Street Address 91A Nipmuc Trail			Street Address					
City North Providence	State RI	^{Zıp} 02904	City		State	Zip		
Secretary Name Antionette Lea Horridge			Treasurer Name None					
Street Address 91a Nipmuc Tra		Street Address						
North Providence	State RI	^{Zip} 02904	City		State	Zip		
List ALL directors (names ar	nd addresses)		·		heck the box to indi	cate an attachment 🔲		
Director Name None			Director Name	None				
Street Address			Street Address					
City	State	Zip	City		State	Zip		
Director Name None			Director Name	None	•	•		
Street Address			Street Addres	Street Address				
City	State	Zip	City		State	Zip		
9. Shares Authorized	ued Check the box to indicate an attachment							
This Information Is currently of record in the Department of State.		NUMBER O	F SMAKES	stk	SERIES	PAR VALUE		
Changes require an additional filling.						0		
 This report must be execute trustee, this report must be exe 					corporation is in the	hands of a receiver or		
Under penalty of perjury, I de	eclare and affirm t	hat I have examin	ed this report, i		ccompanying sch	edules and		
statements, and that all state Name of Authorized Represent	ements contained Pative	nerein are true ar	a correct.		Date			
Raymond L. Horridge, P.E.	Δ	4/19/2018						
Signature of Authorized Repres	1 1	SIGN D	UNEN JERE	Pt	FILE	Do		
MAIL TO:	1 layon	·106/1 ~ 1 /	W 11 1 (X1 6)) 	APR 2.5			

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

Phone: (401) 222-3040 Website: www.sos.ri.gov