



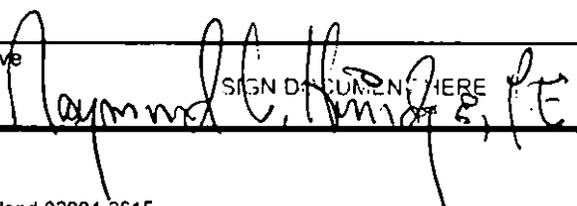
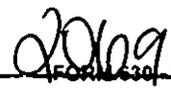
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

STAMP

FOR
 STATE OF RHODE ISLAND
 USE ONLY

1. Entity ID Number 000017909		2. Exact name of the Corporation R.L.Horridge & Associates, Inc.			
3. Principal Office Address 601 Jefferson Boulevard			City Warwick	State RI	Zip 02886
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island engineering design services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Raymond L. Horridge			Vice-President Name None		
Street Address 91A Nipmuc Trail			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Antionette Lea Horridge			Treasurer Name None		
Street Address 91a Nipmuc Trail			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VAL UF
		600	stk	0	
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 Raymond L. Horridge, P.E.				Date 4/19/2018	
Signature of Authorized Representative 				FILED APR 25 2018 BY 	
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