



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
SECRETARY OF STATE
U.S. ONLY

1. Entity ID Number 000103169		2. Exact name of the Corporation DYNAMIC SCIENCE, INC.			
3. Principal Office Address 8433 N BLACK CANYON HWY SUITE 200			City PHOENIX	State AZ	Zip 85021
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island GOVERNMENT SERVICE CONTRACTING, AIR TRAFFIC CONTROL			
5. State of Incorporation DELAWARE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JAMES WILLIAMS			Vice-President Name		
Street Address 8433 N BLACK CANYON HWY STE 184			Street Address		
City PHOENIX	State AZ	Zip 85021	City	State	Zip
Secretary Name BARBARA K ROCKOW			Treasurer Name BARBARA K ROCKOW		
Street Address 8433 N BLACK CANYON HWY STE 184			Street Address 8433 N BLACK CANYON HWY STE 184		
City PHOENIX	State AZ	Zip 85021	City PHOENIX	State AZ	Zip 85304
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name RALPH ROCKOW			Director Name BARBARA K ROCKOW		
Street Address 8433 N BLACK CANYON HWY STE 184			Street Address 8433 N BLACK CANYON HWY STE 184		
City PHOENIX	State AZ	Zip 85021	City PHOENIX	State AZ	Zip 85021
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1000		CWP		1.00	
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 Julie Rossignol					Date 3-7-18
Signature of Authorized Representative <i>Julie Rossignol</i>					
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

FILED
MAY 29 2018

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FORM 630 - Revised: 10/2017