



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

Annual Report for the year: **2019**  
 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 <b>148917</b>		2. Exact name of the Corporation <b>R.A. Giovanetti &amp; Assoc. Consulting Engineers, Inc.</b>			
3. Principal Office Address <b>100 Saint Johns Lane</b>			City <b>Mullica Hill</b>	State <b>NJ</b>	Zip <b>08062</b>
4. NAICS Code <b>541690</b>		6. Brief description of the character of business conducted in Rhode Island <b>Perform consulting engineering</b>			
5. State of Incorporation <b>New Jersey</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Richard A. Giovanetti</b>			Vice-President Name <b>Mark S. Shulman</b>		
Street Address <b>370 Reed Road, Suite 201</b>			Street Address <b>370 Reed Road, Suite 201</b>		
City <b>Broomall</b>	State <b>PA</b>	Zip <b>19008</b>	City <b>Broomall</b>	State <b>PA</b>	Zip <b>19008</b>
Secretary Name <b>Mark S. Shulman</b>			Treasurer Name <b>Connie M. Giovanetti</b>		
Street Address <b>370 Reed Road, Suite 201</b>			Street Address <b>370 Reed Road, Suite 201</b>		
City <b>Broomall</b>	State <b>PA</b>	Zip <b>19008</b>	City <b>Broomall</b>	State <b>PA</b>	Zip <b>19008</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Mark S. Shulman</b>			Director Name <b>Richard A. Giovanetti</b>		
Street Address <b>370 Reed Road, Suite 201</b>			Street Address <b>370 Reed Road, Suite 201</b>		
City <b>Broomall</b>	State <b>PA</b>	Zip <b>19008</b>	City <b>Broomall</b>	State <b>PA</b>	Zip <b>19008</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			<b>612</b>	<b>Common</b>	<b>\$1.00</b>
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 <b>Richard A. Giovanetti, President</b>					Date <b>1-18-19</b>
Signature of Authorized Representative 			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**

**JAN 24 2019**

BY 39242 DS

FORM 630 - Revised: 10/2017