



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.

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2019 JAN 28 PM 3:06

1. Entity ID Number <b>000009362</b>		2. Exact name of the Corporation <b>SCITUATE SURVEYS, INC.</b>			
3. Principal Office Address <b>410 TIOGUE AVENUE</b>			City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
4. NAICS Code <b>541370</b>		6. Brief description of the character of business conducted in Rhode Island <b>LAND SURVEYING</b>			
5. State of Incorporation <b>RHODE ISLAND</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>ANGELO M. RAIMONDI</b>			Vice-President Name <b>JOHN MENSINGER</b>		
Street Address <b>489 ROCKY HILL ROAD</b>			Street Address <b>72 BLUFF AVENUE</b>		
City <b>NORTH SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02905</b>
Secretary Name <b>JOHN MENSINGER</b>			Treasurer Name <b>ANGELO M. RAIMONDI</b>		
Street Address <b>72 BLUFF AVENUE</b>			Street Address <b>489 ROCKY HILL ROAD</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>NORTH SCITUATE</b>	State <b>RI</b>	Zip <b>02857</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>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
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		CLASS/SERIES
			1,000		COMMON
					PAR VALUE
					\$ 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. <b>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.</b>					
Name of Authorized Representative <b>ANGELO M. RAIMONDI, PRESIDENT</b>					Date <b>1/16/19</b>
Signature of Authorized Representative <i>Angelo M. Raimondi</i>					

SIGN DOCUMENT HERE

**FILED**

JAN 28 2019

BY SAM9Z  
 AA.

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov