



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 DIVISION

2019 FEB 14 AM 9:53

1. Entity ID Number 000088904		2. Exact name of the Corporation SUGRUE AND ASSOCIATES, INC.												
3. Principal Office Address 72 Hartford Avenue			City N. Scituate	State RI	Zip 02857									
4. NAICS Code 541370	6. Brief description of the character of business conducted in Rhode Island Land Surveying Services.													
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Michael P. Sugrue			Vice-President Name Michael P. Sugrue											
Street Address 72 Hartford Pike			Street Address 72 Hartford Pike											
City N. Scituate	State RI	Zip 02857	City N. Scituate	State RI	Zip 02857									
Secretary Name Michael P. Sugrue			Treasurer Name Michael P. Sugrue											
Street Address 72 Hartford Pike			Street Address 72 Hartford Pike											
City N. Scituate	State RI	Zip 02857	City N. Scituate	State RI	Zip 02857									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>50</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	50	Common	No Par Value			
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50	Common	No Par Value												
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 Michael P. Sugrue, President					Date 2/8/19									
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

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BY CK 20059