



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

FILED

JUN 13 2019

Handwritten initials

Annual Report for the year: 2019

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

RV 1524

1. Entity ID Number 000031071		2. Exact name of the Corporation RI Society of Professional Landsurveyors Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island A PROFESSIONAL ASSOCIATION OF REGISTERED PROFESSIONAL LAND SURVEYORS WHICH PROVIDES A FORUM FOR DISCUSSION CONCERNING SURVEYING AND SURVEYING STANDARDS			
4. NAICS Code 541310					
6. Principal Office Address 410 TIOGUE AVENUE			City COVENTRY	State RI	Zip 02816
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name EDWARD O'BRIEN			Vice-President Name DAVID HILBURN		
Street Address 24 GREENE STREET			Street Address 225B SHADY LEA RD		
City CUMBERLAND	State RI	Zip 02864	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name DAVID BRAY			Treasurer Name ROGER BRIGGS		
Street Address 1066 PIKE AVENUE			Street Address 120 JOHNSON RD		
City ATTLEBORO	State MA	Zip 02703	City FOSTER	State RI	Zip 02825
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JAMES CALDARONE			Director Name MARC THEYER		
Street Address 382B MAIN STREET			Street Address 12 COLUMBIA RD		
City WAKEFIELD	State RI	Zip 02879	City MIDDLETOWN	State RI	Zip 02842
Director Name SAMUEL SUORSA			Director Name STEVE KUBIAK		
Street Address 560 TOWN FARM RD			Street Address 83 ANGELL RD		
City COVENTRY	State RI	Zip 02816	City CUMBERLAND	State RI	Zip 02864
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative EDWARD O'BRIEN					Date
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i> SIGN: 06/06/2019					

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