Date: 4/13/2020 4:00:00 PM RI SOS Filing Number: 202037503440

State of Rhode Island and Providence Plantations

Department of State - Business Services Division Annual Report for the year: 2020

Ø Filing Fee \$50.00

Corporation

Penalty: Additional \$25.06 fee if form is not filed by April 1.



1. Entity ID Number	2. Exact name of the Corporation							
1676313	CARTER CONSULTANTS LTD.							
3. Principal Office Address			<u> </u>	City			State	Zip
12 SOUTH GROVE AVENUE				WARREN			RI	02885
4. NAICS Code	6. Bnef description of the character of business conducted in Rhode Island							
541990								
State of Incorporation								
CT RECRUIT SERVICES								
7. List ALL officers (names and	l addresses)				Che	ck the	box to indi	cate an attachment
President Name				Vice-President Name				
E. ELIZABETH CARTER								
Street Address				Street Address				
12 SOUTH GROVE			·					
City	State	Zip		City		State		Zip
WARREN	RI		<u>)</u> 2885					
Secretary Name				Treasurer Name				
Street Address				Street Address				
City	State	Zig		City	-	State		Zip
·				,		Cibic		- -h
8. List ALL directors (names and addresses) Check the box to indicate an attachmen								cate an attachment
Director Name				Director Name				
Street Address				Street Address				
City	State	Zip)	City		State		Zip
Director Name				Director Name				
Street Address				Street Address				
				olicel Address				
City	State	Zip		City Stat		State		Zip
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment				
This information is currently of record in the			NUMBER OF SI	HARFS	IARES CLASS/SERIES		···	PAR VALUE
Department of State.			5000)			0	
Changes require an additional								
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 Anthorized Representative					Date ,			
22 Carles					3/14/3030			
Signature of Authorized Representative								
E. ELIZABETH CARTER								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov