RI SOS Filing Number: 202190169860 Date: 2/3/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

FILED
FEB 03 2021
BY 624440

1. Entity ID Number	2. Exact name of the Corporation		
000009362	SCITUATE SURVEYS, INC.		
3. Principal Office Address	City	State	Zip
410 TIOGUE AVENUE	COVENTRY	RI	02816
4. NAICS Code: 541370	6. Brief description of the character of business conducted in Rhode Island: LAND SURVEYING		
5. State of Incorporation: RHODE ISLAND			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
ANGELO M. RAIMONDI	JULIE M. RAIMONDI
Street Address: 489 ROCKY HILL ROAD	Street Address: 139 SMITH STREET
City: NORTH SCITUATE State: RI Zip: 02857	City: CRANSTON State: RI Zip: 02905
Secretary Name	**Treasurer Name**
JULIE M. RAIMONDI	ANGELO M. RAIMONDI
Street Address: 139 SMITH STREET	Street Address: 489 ROCKY HILL ROAD
City: CRANSTON State: RI Zip: 02905	City: NORTH SCITUATE State: RI Zip: 02857

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	490	COMMON	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.

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	Date
ANGELO M. RAIMONDI	1/26/21

Signature of Authorized Representative: Angelo M Raimondi

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

FORM 630 - Revised: 08/2020