RI SOS Filing Number: 202193270950 Date: 2/26/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

R.I. DEPT. OF STATE BUS SYCS DIV

2021 FEB 26 AM 8: 58

Annual Report for the year: Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00°

1 Entity ID Number 000064982		2. Exact name of the Corporation MARC N. NYBERG ASSOCIATES, INC.					
	MARCN	. NTBERG AS	SUCIATES,	INC.			
3. Principal Office Address			City		State	Zip	
501 GREAT ROAD, UNIT 104			NORTH SM	ITHFIELD	RI	02896	
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island					
541330	GENERAL	GENERAL ENGINEERING AND SURVEYING BUSINESS.					
5. State of Incorporation							
RHODE ISLAND							
7. List ALL officers (names ar	nd addresses)			Chi	eck the hov to in	dicate an attachment	
President Name MARC N. NY	Vice-President Name MARC N. NYBERG						
Street Address 5 QUAKER RO	Street Address 5 QUAKER ROAD						
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND		Stale RI	Zip 02864	
Secretary Name MARC N. NY		1 1			l l		
Street Address 5 QUAKER ROAD			Street Address 5 QUAKER ROAD				
City CUMBERLAND	State RI	^{Z₁p} 02864	City CUMBERLAND		State RI	Zip 02864	
8 List ALL directors (names a	and addresses)				eck the box to in	I dicate an attachment []	
Director Name NONE			Director Name		<u> </u>		
Street Address			Street Address	S			
City	State	Zip	City		State	Zıp	
Director Name			Director Namo	<u> </u>		<u> </u>	
Director Name	Director Name						
Street Address	Street Address						
City	State	Zip	City		State	Zip	
		<u> </u>					
9. Shares Authorized 10. Shares Iss			Sued Check the box to indicate an attachment FISHARDS CLASS/SERIES PAR VALUE				
This information is currently of record in the Department of State.		100		COMMON		NO PAR VALUE	
Changes require an additional	filing.						
11. This report must be exec	uted on behalf of the	corporation by an	authorized repres	sentative. If the co	orporation is in the	ne hands of a receiver or	
trustee, this report must be e							
Under penalty of perjury, I statements, and that all sta				ncluding any ac	companying so	hedules and	
Name of Authorized Represe		i nerem are mue ar	id correct.		Date		
MARC N. NYBERG, PRESI						12/2021	
Signature of Authorized Rep	resentative G Def	1	Fi	LED	 		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 26 2021

FORM 630 - Revised: 10/2017