



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

MAR 01 2021

BY 4596

1. Entity ID Number 84716		2. Exact name of the Corporation BAIRD ENGINEERING, INC.			
3. Principal Office Address 667 WEST ALLENTON ROAD			City NORTH KINGSTOWN	State RI	Zip 02852
4. NAICS Code 541690		6. Brief description of the character of business conducted in Rhode Island PROVIDE ENGINEERING AND FORENSIC CONSULTANT SERVICES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name JEROLD A. BAIRD			Vice-President Name JEROLD A. BAIRD		
Street Address 667 WEST ALLENTON ROAD			Street Address 667 WEST ALLENTON ROAD		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name JEROLD A. BAIRD			Treasurer Name JEROLD A. BAIRD		
Street Address 667 WEST ALLENTON ROAD			Street Address 667 WEST ALLENTON ROAD		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name JEROLD A. BAIRD			Director Name		
Street Address 667 WEST ALLENTON ROAD			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			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 JEROLD A. BAIRD				Date 02/26/2021	
Signature of Authorized Representative <i>Jerald A. Baird</i>					