RI SOS Filing Number: 202193736230 Date: 3/9/2021 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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 MAR -9 PM 12:01

1. Entity ID Number	2. Exact name of the Corporation			
000119971	Duffield Associates, Inc.			
3. Principal Office Address		City	State	Zip
5400 Limestone Road		Wilmington	DE	19808
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541330	Provide Civil Engineering Consulting Services			
5. State of Incorporation				
Delaware				

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

President Name: Guy F Marcozzi			Vice-President Name:		
Street Address: 5400 Limestone Road			Street Address:		
City: Wilmington	State: DE	Zip: 19808	City:	State:	Zip:
Secretary Name: Guy Marcozzi			Treasurer Name: Deirdre Smith		
Street Address: 5400 Limestone Road			Street Address: 5400 Limestone Road		
City: Wilmington	State: DE	Zip: 19808	City: Wilmington	State: DE	Zip: 19808

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

Director Name: Karen Wright			Director Name:		
Street Address: 5400 Limestone Road			Street Address:		
City: Wilmington	State: DE	Zip: 19808	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.	45000		

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
Karen Wright	03/09/2021

Signature of Authorized Representative: Karen Wright

FILED
MAR 09 2021
KL GYWDY
12:01

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