RI SOS Filing Number: 202197897900 Date: 6/7/2021 3:24:00 PM

State of Rhode Island
Department of State - Business Services Division

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BUS SVCS DIV
2021 JUN -7 PM 3:23

Annual Report for the year: 2020
Corporation

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

1. Entity ID Number	2. Exact name of the Corporation			
000532073	Hancock Survey Associates, INC.			
3. Principal Office Address		City	State	Zip
185 Centre Street		Danvers	MA	01923
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541330	Survey, Engineering and Wetland Science Design and Services			
5. State of Incorporation				
MA				

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

President Name: Wayne C Jalbert			Vice-President Name: Scott R Jalbert		
Street Address: 5 Sparrow Lane			Street Address: 38 Philips Street		
City: Danvers	State: MA	Zip: 01923	City: Salem	State: MA	Zip: 01970
Secretary Name: Andrew Desmond			Treasurer Name: Wayne C Jalbert		
Street Address: PO Box 93			Street Address: 5 Sparrow Lane		
City: East Kingston	State: NH	Zip: 03827	City: Danvers	State: MA	Zip: 01923

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

Director Name: Wayne C Jalbert			Director Name: Scott R Jalbert		
Street Address: 5 Sparrow Lane			Street Address: 38 Philips Street		
City: Danvers	State: MA	Zip: 01923	City: Salem	State: MA	Zip: 01970
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
15000	CNP	0

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
Wayne C Jalbert	6/3/2021

Signature of Authorized Representative: Wayne C Jalbert

FILED
JUN 07 2021
3:24

BY IVGWF

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