



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2021

## Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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|  |   |   |   |                                 |                   |
|--|---|---|---|---------------------------------|-------------------|
| 1. Entity ID Number<br>000155123   |   | 2. Exact name of the Corporation<br>Roy Larry Schlein & Associates Incorporated |   |                                 |                   |
| 3. Principal Office Address<br>1903 Kings Hwy, 2nd Flr B   |   | City<br>Swedesboro  |   | State<br>NJ                     | Zip<br>08085      |
| 4. NAICS Code<br>541330  | 6. Brief description of the character of business conducted in Rhode Island<br>Consulting Engineer Services |   |   |                                 |                   |
| 5. State of Incorporation<br>NJ  |   |   |   |                                 |                   |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |   |   |   |                                 |                   |
| President Name<br>Susan Elaine Riggs   |   |   | Vice-President Name<br>NA   |                                 |                   |
| Street Address<br>706 Rachael Drive  |   |   | Street Address  |                                 |                   |
| City<br>Mickleton  | State<br>NJ   | Zip<br>08056  | City  | State                           | Zip               |
| Secretary Name<br>NA   |   |   | Treasurer Name<br>NA  |                                 |                   |
| Street Address   |   |   | Street Address  |                                 |                   |
| City   | State   | Zip   | City  | State                           | Zip               |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |   |   |   |                                 |                   |
| 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 <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.<br><br>Changes require an additional filing.   |   |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                                 |                   |
|  |   |   | NUMBER OF SHARES<br>1000  | CLASS/SERIALS<br>STK            | PAR VALUE<br>0.00 |
| 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.<br><i>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.</i> |   |   |   |                                 |                   |
| Name of Authorized Representative<br>Susan Elaine Riggs  |   |   |   | Date<br>10-25-22                |                   |
| Signature of Authorized Representative<br>   |   |   |   | FILED<br>OCT 23 2022 1142<br>BY |                   |

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