



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

MAR 16 2023

BY 47122
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- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>42154</u>		2. Exact name of the Corporation <u>National Land Surveyors - Developers Inc.</u>	
3. Principal Office Address <u>42 Hamlet Avenue</u>		City <u>Woonsocket</u>	State <u>RI</u>
		Zip <u>02895</u>	
4. NAICS Code <u>541370</u>	6. Brief description of the character of business conducted in Rhode Island <u>To engage in land surveying</u>		
5. State of Incorporation <u>RI.</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Norbert Therien</u>		Vice-President Name <u>Jeanne Therien</u>	
Street Address <u>42 Hamlet Ave.</u>		Street Address <u>42 Hamlet Ave.</u>	
City <u>Woonsocket</u>	State <u>R.I.</u>	City <u>Woonsocket</u>	State <u>R.I.</u>
Zip <u>02895</u>		Zip <u>02895</u>	
Secretary Name <u>Norbert A. Therien</u>		Treasurer Name <u>Jeanne Therien</u>	
Street Address <u>42 Hamlet Ave.</u>		Street Address <u>42 Hamlet Ave.</u>	
City <u>Woonsocket</u>	State <u>R.I.</u>	City <u>Woonsocket</u>	State <u>R.I.</u>
Zip <u>02895</u>		Zip <u>02895</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Norbert Therien</u>		Director Name <u>none</u>	
Street Address <u>42 Hamlet Ave.</u>		Street Address	
City <u>Woonsocket</u>	State <u>R.I.</u>	City	State
Zip <u>02895</u>		Zip	
Director Name <u>none</u>		Director Name <u>none</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		<u>100</u>	<u>common</u>
			<u>no par</u>
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 <u>NORBERT A. THERIEN PRESIDENT</u>		Date <u>3-13-22</u>	
Signature of Authorized Representative <u>Norbert A. Therien</u>			

MAIL TO:

Division of Business Services

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