RI SOS Filing Number: 202332258630 Date: 4/3/2023 4:00:00 PM

State of Rhode Island

Annual Report for the year:

Corporation

Department of State - Business Services Division

2023

1HAGER 03/27/2023 3 36 PM

FILED

→ Filing period. February 1 - M	lay 1									
→ Filing Fee \$50 00								7	\mathcal{I}	
→ Penalty: Additional \$25.00 fe	e if form is not filed by R	Vla	_/ 31					() (/) N	
							- /-		$\underline{\mathscr{L}}$	
Entity ID Number	2 Exact name of the	2 Exact name of the Corporation								
000793711	HAGER-RIC	HAGER-RICHTER GEOSCIENCE, INC.								
3 Principal Office Address		City			State	Zip				
8 INDUSTRIAL W		SALEM			NH	<u> 03079-28</u>	<u>37 </u>			
4 NAICS Code	6 Brief description	of	the character of busin	ess conducte	d in Rhode Island					
541360	4									
5 State of Incorporation										
NH	GEOLOGY/GEOPHYSICS									
7 List ALL officers (names an	d addresses)			,	Che	ck the box	k to indicat	e an attachment	Ш	
President Name				Vice-President Name						
JEFFREY REID				ROBERT GARFIELD						
Street Address				Street Address						
8 INDUSTRIAL W				8 INDUSTRIAL WAY						
City				City	State		1	Zip		
SALEM	NH I	NH 03079			SALEM NH			03079		
Secretary Name				Treasurer Name						
Street Address				Street Address						
Cucci Audicas										
City	State	Zip		City		State		Zip		
						<u> </u>				
8. List ALL directors (names a	ind addresses)				Che	ck the bo	x to indical	e an attachment	$oldsymbol{\perp}$	
Director Name				Director Na	me					
Charl Address				Ctroot Adds						
Street Address				Street Address						
City	State	State Zip		City		State		Zıp		
ŕ						<u> </u>				
Director Name				Director Name						
Street Address				Street Address						
Street Address				Sibel Addi	C 55					
City	State	Zıp		City		State				
<u> </u>						ļ				
9. Shares Authorized 10			10 Shares Issued	Issued Check the				box to indicate an attachment		
				SHARES CLASS/SERIES			PAR VALUE			
Department of State.			1600 COMMON			4000				
Changes require an addition 11 This report must be execute			tion by an authorzed :	envecentative	If the compretion is it	the hand	s of a rece	iver or		
trustee, this report must be execute					. If the corporation is it	T UTE HEILO	3 01 6 1000	aver or		
Under penalty of perjury,					ort, including any a	ccompa	nying sc	hedules and		
statements, and that all s					.,					
Name of Authorized Represen	Date //			9/23						
Signature of Authonzed Repre	1 3									

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov