FILED

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2023

- → Filing period. February 1 May 1
- → Filing Fee \$50 00
- → Penalty: Additional \$25.00 fee if form is not filed by May 31

									_	
Entity ID Number	2 Exact name of the Corporation									
000793711	HAGER-RI	CH	TER GEOSCIE	NCE, I	NC.					
3 Principal Office Address							State	Zip		
8 INDUSTRIAL WAY, D10					SALEM			03079-28	37	
4 NAICS Code		n of	the character of busine	ess conducted in Rhode Island						
541360										
5 State of Incorporation										
NH	GEOLOGY/GEOPHYSICS									
7 List ALL officers (names and a	<u>OTHIBICS</u>	Check the box to indicate an attachment								
President Name					Vice-President Name					
JEFFREY REID				ROBERT GARFIELD						
Street Address				Street Address						
8 INDUSTRIAL WAY					8 INDUSTRIAL WAY					
City	State Zip			City		State		Zip		
SALEM	NH	ĺò	3079	SALEM		NH		03079		
Secretary Name	, , , , , , , , , , , , , , , , , , , ,				Treasurer Name					
Street Address				Street Address						
City	State	Zip	<u>-</u>	City		State		Zip		
]						
8. List ALL directors (names and addresses) Check the box to indicate an attachment										
Director Name				Director Name						
Street Address				Street Address						
City	State Zip			City		State		Zip		
	<u> </u>			1				<u> </u>		
Director Name				Director Name						
Strong Address				Street Address						
Street Address				וסטער אסטוטאר						
City State Z		Zip		City State		State		Zip		
1				",				-		
9. Shares Authorized	<u>.</u>		10 Shares Issued		Che	ck the box	to indica	ate an attachment	$\top \top$	
			NUMBER OF SHARES		CLASS/SERI			PAR VALUE		
This information is currently of record in the Department of State.			1,600				ĺ	4000		
Changes regulre an additional filing.										
		pora	tion by an authorized r	epresentative	If the corporation is in	the hands	of a rec	eiver or		
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 /			
A-x c					Date 1/29/23					
Signature of Authorized Represer	nativ e									
JEFFREY A REIDV										

MAIL TO:

Division of Business Services

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

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