



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

RECEIVED STAMP  
R.I. DEPT. OF STATE  
BUSINESS SERVICES DIVISION  
2023 APR -5 P 12:36

1. Entity ID Number 000001253		2. Exact name of the Corporation Gordon R. Archibald, Inc., Professional Engineers			
3. Principal Office Address 200 Main Street		City Pawtucket		State RI	Zip 02860
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island Professional Engineering			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Manish K. Gupta			Vice-President Name		
Street Address 3908 W. Eden Roc Circle			Street Address		
City Tampa	State FL	Zip 33634	City	State	Zip
Secretary Name Lawrence Russ			Treasurer Name Manish K. Gupta		
Street Address 115 Glastonbury Blvd.			Street Address 3908 W. Eden Roc Circle		
City Glastonbury	State CT	Zip 06033	City Tampa	State FL	Zip 33634
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Manish K. Gupta			Director Name		
Street Address 3908 W. Eden Roc Circle			Street Address		
City Tampa	State FL	Zip 33634	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 2,000 <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.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		806	CNP	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. <b>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.</b>					
Name of Authorized Representative Joseph J. Giordano, Senior Vice President				Date April 4, 2023	
Signature of Authorized Representative 					

FILED

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

APR 05 2023

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FORM 630 - Revised: 11/2021