



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023  
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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APR 26 2023  
BY 27654  
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1. Entity ID Number 000009771		2. Exact name of the Corporation Garofalo & Associates, Inc.			
3. Principal Office Address 85 Corliss Street			City Providence	State RI	Zip 02904
4. NAICS Code 541360		6. Brief description of the character of business conducted in Rhode Island To conduct, perform and carry out civil engineering, land surveying and land use planning.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Steven B. Garofalo			Vice-President Name David L. Parent		
Street Address 85 Corliss Street			Street Address 85 Corliss Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name David L. Parent			Treasurer Name David L. Parent		
Street Address 85 Corliss Street			Street Address 85 Corliss Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Steven B. Garfalo			Director Name David L. Parent		
Street Address 85 Corliss Street			Street Address 85 Corliss Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <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		
			None		
			CLASS OF SHARES		
			PAR VALUE		
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 <u>David L. Parent, CPA Vice President</u>					Date <u>4/26/2023</u>
Signature of Authorized Representative					