



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2022**  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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|  |                    |  |                              |                           |  |
|--|--------------------|--|------------------------------|---------------------------|--|
| 1. Entity ID Number<br><b>000796990</b>  |                    | 2. Exact name of the Corporation<br><b>John Turner Consulting, Inc.</b>  |                              |                           |  |
| 3. Principal Office Address<br><b>PO Box 953</b>   |                    |  | City<br><b>North Hampton</b> | State<br><b>NH</b>        | Zip<br><b>03862</b>  |
| 4. NAICS Code<br><b>541330</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Engineering consultant providing geotechnical, environmental consulting services as well as construction engineering and inspections</b> |                              |                           |  |
| 5. State of Incorporation<br><b>New Hampshire</b>  |                    |  |                              |                           |  |
| 7. List ALL officers (names and addresses)   |                    |  |                              |                           | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name<br><b>John Turner</b>   |                    | Vice-President Name<br><b>None</b>   |                              |                           |  |
| Street Address<br><b>PO Box 953</b>  |                    | Street Address   |                              |                           |  |
| City<br><b>North Hampton</b>   | State<br><b>NH</b> | Zip<br><b>03862</b>  | City                         | State                     | Zip  |
| Secretary Name<br><b>Rebecca Rapazzo</b>   |                    | Treasurer Name<br><b>None</b>  |                              |                           |  |
| Street Address<br><b>PO Box 953</b>  |                    | Street Address   |                              |                           |  |
| City<br><b>North Hampton</b>   | State<br><b>NH</b> | Zip<br><b>03862</b>  | City                         | State                     | Zip  |
| 8. List ALL directors (names and addresses)  |                    |  |                              |                           | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name<br><b>John Turner</b>  |                    | Director Name  |                              |                           |  |
| Street Address<br><b>PO Box 953</b>  |                    | Street Address   |                              |                           |  |
| City<br><b>North Hampton</b>   | State<br><b>NH</b> | Zip<br><b>03862</b>  | City                         | State                     | Zip  |
| Director Name  |                    | Director Name  |                              |                           |  |
| Street Address   |                    | Street Address   |                              |                           |  |
| City   | State              | Zip  | City                         | State                     | Zip  |
| 9. Shares Authorized   |                    | 10. Shares Issued  |                              |                           |  |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                    | NUMBER OF SHARES   |                              | CLASS/SERIES              | PAR VALUE  |
|  |                    | <b>300</b>   | <b>Common stock</b>          | <b>\$0.0000</b>           |  |
| 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.<br><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<br><b>Estera Ciparyte-McDonald, CFO</b>  |                    |  |                              | Date<br><b>04/21/2023</b> |  |
| Signature of Authorized Representative<br><i>Estera</i>  |                    |  |                              |                           |  |

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

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