



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2021** \_\_\_\_\_  
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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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 MAY -1 PM 2:16

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

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

FILED

MAY 01 2023  
BY 2370VA.A.  
2:17pm

FORM 630 - Revised: 10/2017