



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 000796990		2. Exact name of the Corporation John Turner Consulting, Inc.			
3. Principal Office Address PO Box 953			City North Hampton	State NH	Zip 03862
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island Engineering consultant providing geotechnical, environmental consulting services as well as construction engineering and inspections			
5. State of Incorporation New Hampshire					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Turner			Vice-President Name None		
Street Address PO Box 953			Street Address		
City North Hampton	State NH	Zip 03862	City	State	Zip
Secretary Name Rebecca Rapazzo			Treasurer Name None		
Street Address PO Box 953			Street Address		
City North Hampton	State NH	Zip 03862	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John Turner			Director Name		
Street Address PO Box 953			Street Address		
City North Hampton	State NH	Zip 03862	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		300		Common stock	\$0.0000
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 Estera Ciparyte-McDonald, CFO				Date 04/21/2023	
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 **Z370V** **A.A.**
2:17 pm