RI SOS Filing Number: 202342529250 Date: 11/1/2023 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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
R.I. DEPT. OF STATE
BUS SVCS DIV
2023 NOV -1 A 10:01

1. Entity ID Number	2. Exact name of the Corporation		
000164288	DARVEAU LAND SURVEYING, INC.		
3. Principal Office Address	City	State	Zip
P.O. BOX 7918	CUMBERLAND	RI	02864
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
541370	LAND SURVEYING TITLE: 7-1.2-1701		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: MICHAEL R. DARVEAU			Vice-President Name: MICHAEL R. DARVEAU		
Street Address: 9 STONE RIDGE DRIVE			Street Address: 9 STONE RIDGE DRIVE		
City: NORTH SMITHFIELD	State: RI	Zip: 02896	City: NORTH SMITHFIELD	State: RI	Zip: 02896
Secretary Name: MICHAEL R. DARVEAU			Treasurer Name: MICHAEL R. DARVEAU		
Street Address: 9 STONE RIDGE DRIVE			Street Address: 9 STONE RIDGE DRIVE		
City: NORTH SMITHFIELD	State: RI	Zip: 02896	City: NORTH SMITHFIELD	State: RI	Zip: 02896

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1000	STK	0.01

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	Date
MICHAEL R. DARVEAU	11/01/2023

Signature of Authorized Representative

FILED
NOV 01 2023
10:01am
BY LKS NOTE

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