RI SOS Filing Number: 202342814860 Date: 11/16/2023 4:04:00 PM

State of Rhode Island Department of	_	ess Services	Division				
Annual Report for the year: 2022 Corporation → Filing period: January 1 - March 1					0505	STAMP	
			RECEIVED RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV				
							→ Filing Fee: \$50.00→ Penalty: Additional \$25.
1. Entity ID Number	2. Exact name	2. Exact name of the Corporation					
000108521	Waldron Eng	Waldron Engineering & Construction, Inc.					
3. Principal Office Address			City State Zip				
37 Industrial Drive, Suite G-1			Exeter		NH	03833	
4. NAICS Code	6. Brief descri	Brief description of the character of business conducted in Rhode Island					
541330	Engineering	Engineering Services					
5. State of Incorporation	-	1					
New Hampshire							
7. List ALL officers (names and	d addresses)				k the box to i	ndicate an attachment 🔲	
President Name Terence J. Waldron			Vice-President Name John D. Sweet				
Street Address 4 Woldridge Lane			Street Address 38 Rivers Edge Drive				
City North Kingston	State NH	Zip 03827	City Kennebu	ınk	State ME	Zip 04043	
Secretary Name Michael Mark	Treasurer Name N/A						
Street Address 264 River Road			Street Address				
City Elliot	State ME	Zip 03903	City		State	Zip	
8. List ALL directors (names a	nd addresses)		IO and a Name		k the box to i	ndicate an attachment 🔲	
Director Name Terence J. Waldron			Director Name John D. Sweet				
Street Address 37 Industrial Dr	Street Address 37 Industrial Drive, Suite G-1						
City Exeter	State NH	Zip 03833	City Exeter		State NI	Zip 03833	
Director Name Michael Mark			Director Name Marc Letourneau				
Street Address 37 Industrial Dr	Street Address 37 Industrial Drive, Suite G-1						
City Exeter	State NIH	Zip 03833	City Exeter		State NI	Zip 03833	
9. Shares Authorized		10. Shares Is				ndicate an attachment 🔲	
This information is currently of record in the Department of State. Changes require an additional filing.		22,735	OF SHARES	class/ser none	eie\$	no par value	
						no par value	
11. This report must be execut	ted on behalf of the	corporation by an	authorized repres	sentative. If the coη	poration is in	the hands of a receiver or	
trustee, this report must be ex Under penalty of perjury, I d						chadulas and	
statements, and that all stat	ements contained						
Name of Authorized Represen		Date					
Terence Waldron					10/10/2	3	
Signature of Authorized Repre	esentative			FILED			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 4:04

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FORM 630 - Revised: 08/2020