



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation _____

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

RECEIVED STAMP
R.I. DEPT. OF STATE
BUS SVCS DIV FOR
2023 NOV 16 P 3:45

1. Entity ID Number 000108521		2. Exact name of the Corporation Waldron Engineering & Construction, Inc.			
3. Principal Office Address 37 Industrial Drive, Suite G-1			City Exeter	State NH	Zip 03833
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island Engineering Services			
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 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 Kennebunk	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 and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Terence J. Waldron			Director Name John D. Sweet		
Street Address 37 Industrial Drive, Suite G-1			Street Address 37 Industrial Drive, Suite G-1		
City Exeter	State NH	Zip 03833	City Exeter	State NH	Zip 03833
Director Name Michael Mark			Director Name Marc Letourneau		
Street Address 37 Industrial Drive, Suite G-1			Street Address 37 Industrial Drive, Suite G-1		
City Exeter	State NH	Zip 03833	City Exeter	State NH	Zip 03833
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	
		22,735		none	
				PAR VALUE	
				no par value	
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 Terence Waldron				Date 10/10/23	
Signature of Authorized Representative 				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

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