RI SOS Filing Number: 202342815920 Date: 11/16/2023 3:57:00 PM

State of Rhode Islam Department of	nd f State - Busine	ess Services	Division				
Annual Report for the year: 2015 Corporation			RECEIVED RECEIV				
 → Filing period: January → Filing Fee: \$50.00 → Penalty: Additional \$25 							
Entity ID Number 2. Exact name of the Corporation			70/3 NOV 10 F				
000108521		Waldron Engineering & Construction, Inc.					
3. Principal Office Address			City	-	State	Zip	
37 Industrial Drive, Suite G-1			Exeter		NH	03833	
NAICS Code 6. Brief description of the characteristics of the charac			cter of business of	conducted in Rhode	e Island	<u> </u>	
541330		Engineering Services					
State of Incorporation							
New Hampshire	į						
7. List ALL officers (names ar	nd addresses)	<u> </u>		Che	ck the hov to indic	ate an attachment D	
President Name Terence J. Waldron			Vice-President Name None				
Street Address 4 Woldridge Lane			Street Address				
City North Kingston	State NH	Zip 03827	City		State	Zip	
Secretary Name John D. Sweet			Treasurer Name N/A				
Street Address 38 Rivers Edge	· .		Street Address	S			
City Kennebunk	State ME	Zip ₀₄₀₄₃	City		State	Zip	
8. List ALL directors (names a	and addresses)			Che	ck the box to indic	ate an attachment	
Director Name Terence J. Waldron			Director Name John D. Sweet				
Street Address 4 Woldridge La	ane		Street Address	s 38 Rivers Edge D	rive		
City North Kingston	State NH	Zip 03827	City Kennebunk		State ME	Zip 04043	
Director Name Cedric Chan			Director Name James Morrissey				
Street Address 28-B Carnation	Street Address 15 Towle Road						
City Reading	State MA	Zip 01867	City Epping		State NH	Zip 03042	
9. Shares Authorized		10. Shares Is				ate an attachment	
his information is currently of record in the			R OF SHARES CLASS/SERII		Ī	I	
Changes require an additional filing.		22,735 no		none	n	no par value	
				<u></u>			
11. This report must be executrustee, this report must be ex					rporation is in the	hands of a receiver o	
Under penalty of perjury, I de	declare and affirm t	hat i have examii	ned this report, i		ompanying sche	dules and	
statements, and that all sta Name of Authorized Represe	nd correct		Date				
Terence Waldron				10/10/23			
Signature of Authorized Repr	resentative				1.07.0725		
Signature of Authorized Repr				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

3:57

NOV 1 6 2023 34WK

FORM 630 - Revised: 08/2020