



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2006

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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 BUS SVCS DIV

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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 None		
Street Address 16 Oak Street			Street Address		
City Exeter	State NH	Zip 03833	City	State	Zip
Secretary Name John D. Sweet			Treasurer Name N/A		
Street Address 38 Rivers Edge Drive			Street Address		
City Kennebunk	State ME	Zip 04043	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 16 Oak Street			Street Address 38 Rivers Edge Drive		
City Exeter	State NH	Zip 03833	City Kennebunk	State ME	Zip 04043
Director Name Cedric Chan			Director Name James Morrissey		
Street Address 28-B Carnation Circle			Street Address 6 Brookside Drive		
City Reading	State MA	Zip 01867	City Exeter	State NH	Zip 03833
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		22,200		none	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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FORM 630 - Revised: 08/2020