RI SOS Filing Number: 202342818110 Date: 11/16/2023 3:47:00 PM

Annual Report for th			RECE	IVEDIAIVIE			
Corporation  → Filing period: January 1 - March 1				RECEIVED  RECEIVED  D.I. DEPT. OF STATE PUS SYCO DEV			
→ Filing period: Januar → Filing Fee: \$50.00	y 1 - March 1				5000.	65.17.	
→ Penalty: Additional \$2	2323 NOV 16 P 3: 45						
1. Entity ID Number	2. Exact name	of the Corporation	on	•			
000108521	Waldron Eng	gineering, Inc.					
3. Principal Office Address			City		State	Zip	
37 Industrial Drive, Suite G	j-1		Excter		NH	03833	
4. NAICS Code	6. Brief descri	ption of the chara	cter of business c	onducted in Rhod	le Island	•	
541330	Enginecring	Services					
5. State of Incorporation							
New Hampshire							
7. List ALL officers (names a	ind addresses)				ck the box to indi	cate an attachment 🔲	
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 Edg	e Drive	- · · · · · · · · · · · · · · · · · · ·	Street Address				
City Kennebunk	State ME	Zîp 04043	City		State	Zip	
8. List ALL directors (names	and addresses)		<u> </u>	Che	eck the box to indi	icate an attachment	
Director Name Terence J. Waldron			Director Name	Director Name John D. Sweet			
Street Address 16 Oak Street			Street Address	38 Rivers Edge I	Drive	·	
City Exeter	State NH	Zip 03833	City Kennebu	nk	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		10. Shares Is	sued			cate an attachment	
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		SS/SERIES PAR VALUE		
		22,200		none	one no par v		
AA This seemed and his				1 A: 18 A			
<ol> <li>This report must be executivistee, this report must be</li> </ol>					rporation is in the	nands of a receiver or	
Under penalty of perjury, I	declare and affirm to	hat i have examii	ned this report, in		ompanying sch	edules and	
statements, and that all st Name of Authorized Repres	nd correct.	- ·	IDate IDate				
Terence Waldron					10/10/23		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 2:47

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