



State of Rhode Island  
Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIV.

Annual Report for the year:

2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2024 JAN 18 A 9:36

1. Entity ID Number 001745289		2. Exact name of the Corporation Pine Ridge Technologies, Inc.			
3. Principal Office Address 217 R Main Street			City North Reading	State MA	Zip 01864
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island Public works contracts			
5. State of Incorporation MA					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Michael S. Rocca			Vice-President Name Andrew Rist		
Street Address 217 R Main Street			Street Address 217 R Main Street		
City North Reading	State MA	Zip 01864	City North Reading	State MA	Zip 01864
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Dan Reed			Director Name		
Street Address 217 R Main Street			Street Address		
City N. Reading	State MA	Zip 01864	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 1,500	CLASS/SERIES CWP	PAR VALUE \$ .01	
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 Andrew Rist, VP					Date 1/17/2024
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

9:39  
JAN 18 2024  
BY ML ATJFN