



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

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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FILED

JAN 18 2024  
BY ML ATJFN