



State of Rhode Island  
Department of State - Business Services Division

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.

FILED

FEB 06 2024

BY 214790

1. Entity ID Number 000084716		2. Exact name of the Corporation BAIRD ENGINEERING, INC.	
3. Principal Office Address 667 WEST ALLENTON ROAD		City NORTH KINGSTOWN	State RI
		Zip 02852	
4. NAICS Code 541690	6. Brief description of the character of business conducted in Rhode Island PROVIDE ENGINEERING AND FORENSIC CONSULTANT SERVICES		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name JEROLD A. BAIRD		Vice-President Name JEROLD A. BAIRD	
Street Address 667 WEST ALLENTON ROAD		Street Address 667 WEST ALLENTON ROAD	
City NORTH KINGSTOWN	State RI	City NORTH KINGSTOWN	State RI
Zip 02852		Zip 02852	
Secretary Name JEROLD A. BAIRD		Treasurer Name JEROLD A. BAIRD	
Street Address 667 WEST ALLENTON ROAD		Street Address 667 WEST ALLENTON ROAD	
City NORTH KINGSTOWN	State RI	City NORTH KINGSTOWN	State RI
Zip 02852		Zip 02852	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name JEROLD A. BAIRD		Director Name	
Street Address 667 WEST ALLENTON ROAD		Street Address	
City NORTH KINGSTOWN	State RI	City	State
Zip 02852		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		50	COMMON
		CLASS/SERIES	
		PAR VALUE	
		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. <b>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.</b>			
Name of Authorized Representative JEROLD A. BAIRD		Date 02/02/2024	
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](http://www.sos.ri.gov)