



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

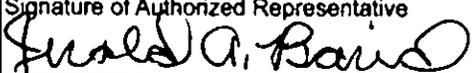
Corporation _____

- 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) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 02852	City NORTH KINGSTOWN	State RI	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	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JEROLD A. BAIRD			Director Name		
Street Address 667 WEST ALLENTON ROAD			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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	
		50	COMMON	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 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