



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.

FEB 14 2024

025121

1. Entity ID Number 000009362		2. Exact name of the Corporation SCITUATE SURVEYS, INC.			
3. Principal Office Address 410 TIOGUE AVENUE			City COVENTRY	State RI	Zip 02816
4. NAICS Code 541370		6. Brief description of the character of business conducted in Rhode Island LAND SURVEYING			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
President Name JULIE M. RAIMONDI			Vice-President Name JESSICA RAIMONDI		
Street Address 139 SMITH STREET			Street Address 135 PILGRIM AVENUE, ATP. 32		
City CRANSTON	State RI	Zip 02905	City COVENTRY	State RI	Zip 02816
Secretary Name JULIE M. RAIMONDI			Treasurer Name ANGELO M. RAIMONDI		
Street Address 139 SMITH STREET			Street Address 489 ROCKY HILL ROAD		
City CRANSTON	State RI	Zip 02905	City NORTH SCITUATE	State RI	Zip 02857
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		490	COMMON	1.00	
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 JULIE M. RAIMONDI				Date 2-9-24	
Signature of Authorized Representative <i>Julie M. Raimondi</i>					