



**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 *Q*  
025121

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

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov