LARSON 03/08/2024 8:26 AM

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
MAR 20 2024
BY 10093

1. Entity ID Number	2. Exact name of the Corporation			
000097331	LARSON ENGINEERING, INC.			
3. Principal Office Address		City	State	Zip
3524 LABORE ROAD		WHITE BEAR LAKE	MN	55110-5126
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541330				
5. State of Incorporation				
MN	SERVICE			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
CINDY EBERT					
Street Address			Street Address		
157 OAKLAWN DRIVE					
City	State	Zip	City	State	Zip
GLEN CARBON	IL	62034			
Secretary Name			Treasurer Name		
			PHILIP DEIMEL		
Street Address			Street Address		
			30951 MINNESOTA AVE.		
City	State	Zip	City	State	Zip
			LINDSTROM	MN	55045

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
KEITH QUICK					
Street Address			Street Address		
203 MONTESANO PARK DRIVE					
City	State	Zip	City	State	Zip
IMPERIAL	MO	63052			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
847398		0.00

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: Cindy Ebert — Date: 3/13/2024

Signature of Authorized Representative: CINDY EBERT

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

FORM 630 - Revised: 12/2023