



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.

REC'D RIDG BSO
24 MAY 29 AM 9:00:38
MP

1. Entity ID Number 113421		2. Exact name of the Corporation FAIRBANKS ENGINEERING CORPORATION			
3. Principal Office Address 42 Cobblestone Hill Road			City Exeter	State RI	Zip 02822
4. NAICS Code 237210		6. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE AND ENGINEERING AND CONSULTING FIRM			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert W. Fairbanks, Jr.			Vice-President Name Susan Lynn Fairbanks		
Street Address 42 Cobblestone Hill Road			Street Address 42 Cobblestone Hill Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Secretary Name Robert W. Fairbanks, Jr.			Treasurer Name Robert W. Fairbanks, Jr.		
Street Address 42 Cobblestone Hill Road			Street Address 42 Cobblestone Hill Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert W. Fairbanks, Jr.			Director Name		
Street Address 42 Cobblestone Hill Road			Street Address		
City Exeter	State RI	Zip 02822	City	State	Zip
Director Name Susan Lynn Fairbanks			Director Name		
Street Address 42 Cobblestone Hill Road			Street Address		
City Exeter	State RI	Zip 02822	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	
		100		STK	
				PAR VALUE	
				0.0	
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 Robert W. Fairbanks, Jr.				Date 5/17/2024	
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

FILED 400
MAY 29 2024
BY 4804