RI SOS Filing Number: 202457576570 Date: 7/3/2024 10:16:00 AM

REC'D RIDOS BSD '24 JUL 3 AM10:15:09

REC'D RIDOS BSD '24 JUN 18 AM10:32:30

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation			
000155573	Banks II Ouanand Associates, Inc.			
3. Principal Office Address		City	State	Zip
100 Burtt Rd. Ste. 212		Andover	MA	01810
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541990	Engineering Consulting			
5. State of Incorporation				
MA				

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

President Name	Vice-President Name
Nancy Banks	Christopher Schmidt
Street Address: 5 Arrowhead Ln.	Street Address: 415 1st St.
City: Beverly State: MA Zip: 01915	City: New Albany State: IN Zip: 47150
Secretary Name: Paul Banks	Treasurer Name: —
Street Address: 5 Arrowhead Ln	Street Address:
City: Beverly State: MA Zip: 01915	City: State: Zip:

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

Director Name	Director Name
Same as above	
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	300,000	CNP	$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		Date
Paul Banks	FILED 1616	6/10/24
Signature of Authorized Representative	JUL - 3 2024	
Paul Banks	BY	

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: 04/2023