



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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2024 SEP 12 AM 11:05

1. Entity ID Number 128547		2. Exact name of the Corporation Municipal Resources, Inc.	
3. Principal Office Address 66 Main Street, Suite B		City Plymouth	State NH
		Zip 03264	
4. NAICS Code 541618	6. Brief description of the character of business conducted in Rhode Island Management Consulting to Municipalities and Public Institutions.		
5. State of Incorporation NH			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Alan S. Gould		Vice-President Name	
Street Address 36 West Road		Street Address	
City Rye	State NH	Zip 03870	City
Secretary Name Donald R. Jutton		Treasurer Name Christian Pearsall	
Street Address 262 Krainewood Drive		Street Address 297 Eastman Hill Road	
City Moultonborough	State NH	Zip 03254	City Sanbornton
		State NH	Zip 03269
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Justin Van Etten, Chairman		Director Name	
Street Address 438 Owl Brook Road		Street Address	
City Holderness	State NH	Zip 03245	City
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES 100	CLASS/SERIES D
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 Christian Pearsall			Date 06/24/2024
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.nh.gov

FILED

SEP 27 2024  
BY 990213

AA.  
12:35pm.

FORM 630- Revised 12/2023