

**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2025
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 18 2025
BY W001 *W*

1. Entity ID Number 609949		2. Exact name of the Corporation POLARIS CONSULTING ENGINEERS PC			
3. Principal Office Address 450 VETERANS MEMORIAL PKWY SUITE 7A			City EAST PROVIDENCE		State RI
			Zip 02914		
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island ENGINEERING			
5. State of Incorporation NJ					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHAEL WILSON			Vice-President Name ANTHONY SCALAMANDRE		
Street Address 21 WOODLANE DRIVE			Street Address 114 BYRON TERRACE		
City MOORESTOWN	State NJ	Zip 08057-3864	City CHERRY HILL	State NJ	Zip 08003
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
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 <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		COMMON	
		PAR VALUE			
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 <i>Michael Wilson</i>					Date 03/13/2025
Signature of Authorized Representative MICHAEL WILSON					

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