

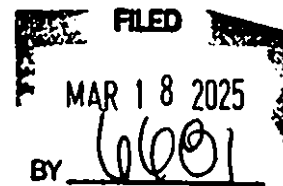
**State of Rhode Island**  
**Department of State - Business Services Division**

**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.



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

**MAIL TO:**

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)