RI SOS Filing Number: 202212851720 Date: 3/8/2022 4:00:00 PM

(4)

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

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, 0-8 2022
BY

1. Entity ID Number	2 Exact name o	f the Corporation					
000013789		Y ENGINE	ERING, I	INC.			
Principal Office Address			City		State	Zip	
320 WASHINGTON ROAD			BARRIN	GTON	RI	02806	
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island							
541370	MAINTAINING AND UPDATE ASSESSORS MAPS FOR						
5. State of Incorporation	MUNICIPALITIES						
RHODE ISLAND							
7. List ALL officers (names and add	resses)				ne box to inc	dicate an attachment 🗖	
President Name DAVID C. STANLEY			Vice-President Name ELLIOTT W. STANLEY				
Street Address 320 WASHINGTON ROAD			Street Address 150 RUSTIC ROAD				
City BARRINGTON	State Ri	^{Zip} 02806	City EAST	WALPOLE	State MA	A Zip 02032	
Secretary Name ELLIOTT W. STANLEY Treasurer Name DAVID C. STANLEY						•	
Street Address 150 RUSTIC ROAD			Street Address 320 WASHINGTON ROAD				
City EAST WALPOLE	State MA	Zip02032	City BARR	INGTON	State RI	Z ₁ p 02806	
8. List ALL directors (names and ad	dresses)	- 		Check t	he box to in-	dicate an attachment 🔲	
Director Name DAVID C. STANLEY			Director Name NONE				
Street Address 320 WASHINGTON ROAD			Street Address				
City BARRINGTON	State RI	^{Z_{ip}} 02806	City		State	Zıp	
Director Name ELLIOTT W. STANLEY			Director Name NONE				
Street Address 150 RUSTIC ROAD			Street Address				
City EAST WALPOLE	State MA	^{Zip} 02032	City		State	Zıp	
9. Shares Authorized	hares Authorized 10. Shares Issue			cd Check the box to indicate an attachment			
This information is currently of recor Department of State.	d in the	NUMBER OF SHARES		CLASS/SER ES	<u> </u>		
Changes require an additional filing.		100		COMMON		NO PAR	
11. This report must be executed or	n behalf of the co	rporation by an au	thorized repres	entative. If the corpor	ation is in th	e hands of a receiver or	
trustee, this report must be execute	ed on behalf of the	corporation by the	ie receiver or tr	ustee.			
Under penalty of perjury, I declar				ncluding any accom	panying sc	hedules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date							
DAVID C. STANLEY					03/04/2022		
Signature of Authorized Representative							
Savid C	Kanley					·	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov