



State of Rhode Island  
 Department of State - Business Services Division

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 R.I. DEPT. OF STATE  
 BUSINESS SERVICES DIVISION  
 2023 APR -5 P 12:36

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.

1. Entity ID Number <b>000001253</b>		2. Exact name of the Corporation <b>Gordon R. Archibald, Inc., Professional Engineers</b>				
3. Principal Office Address <b>200 Main Street</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	
4. NAICS Code <b>541330</b>		6. Brief description of the character of business conducted in Rhode Island <b>Professional Engineering</b>				
5. State of Incorporation <b>RI</b>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <b>Manish K. Gupta</b>			Vice-President Name			
Street Address <b>3908 W. Eden Roc Circle</b>			Street Address			
City <b>Tampa</b>	State <b>FL</b>	Zip <b>33634</b>	City	State	Zip	
Secretary Name <b>Lawrence Russ</b>			Treasurer Name <b>Manish K. Gupta</b>			
Street Address <b>115 Glastonbury Blvd.</b>			Street Address <b>3908 W. Eden Roc Circle</b>			
City <b>Glastonbury</b>	State <b>CT</b>	Zip <b>06033</b>	City <b>Tampa</b>	State <b>FL</b>	Zip <b>33634</b>	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name <b>Manish K. Gupta</b>			Director Name			
Street Address <b>3908 W. Eden Roc Circle</b>			Street Address			
City <b>Tampa</b>	State <b>FL</b>	Zip <b>33634</b>	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized <b>2,000</b>		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	PAR VALUE	
		<b>806</b>		<b>CNP</b>	<b>0.00</b>	
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 <b>Joseph J. Giordano, Senior Vice President</b>				Date <b>April 4, 2023</b>		
Signature of Authorized Representative 						

FILED

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

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