RI SOS Filing Number: 202334204040 Date: 4/26/2023 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023 Corporation

APR 2 6 2023 STAMP

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

Penaity: Auditorial \$25.00 i							
1. Entity ID Number	2. Exact name of the Corporation						
83248	Tilton & Associates, Inc.						
3. Principal Office Address	*		City	City		Zip	
394 Cumberland Avenue			North Attleboro		MA	02761	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
541715	Land Surv	eying and Eng	gineering Serv	ices			
5. State of Incorporation							
Massachusetts							
7. List ALL officers (names and ad	dresses)			Check t	he box to indic	cate an attachment	
President Name Larry E. Tilton			Vice-President Name N/A				
Street Address 394 Cumberlan	Street Address						
City North Attleboro	State MA	^{Zip} 02761	City		State	Zip	
Secretary Name Larry E. Tilton	1	1	Treasurer Name	Treasurer Name N/A			
Street Address 394 Cumberland Avenue			Street Address				
		Ta-	City		To: 4	19·	
City North Attleboro	State MA	^{Zip} 02761	City		State	Zip	
List ALL directors (names and a	ddresses)			Check t	he box to indi	cate an attachment 🗖	
Director Name Larry E. Tilton			Director Name N	/A			
Street Address 394 Cumberland Avenue			Street Address				
City North Attleboro	State MA	^{Zip} 02761	City		State	Zip	
Director Name N/A			Director Name N/A				
Street Address			Street Address				
City	Stato	Zip	City		State	Zip	
9. Shares Authorized		10. Shares iss	ued	Check 1	the box to indi	cate an attachment	
This information is currently of record in the Department of State.		NUMBER OF SHARES CLA		CLASS/SERIES		PAR VALUE	
		200,000 A					
Changes require an additional filing	•						
11. This report must be executed of					ration is in the	hands of a receiver or	
trustee, this report must be execut Under penalty of perjury, I decla					nanvina schi	adules and	
statements, and that all stateme				rading arry accom	panying sem	suules Bila	
Name of Authorized Representative				·	Date		
Larry E. Tilton			4-8	21-2023			
Signature of Authorized Represen	tative						
Signature of Authorized Represen	E THE						

MAIL TO:

Division of Business Services

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

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

FORM 630 - Revised: 2/2023