



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

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV

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1. Entity ID Number 000074625		2. Exact name of the Corporation Childs Engineering Corporation			
3. Principal Office Address 34 WILLIAM WAY			City BELLINGHAM	State MA	Zip 02019
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island ENGINEERING - DESIGN OF NEW AND DESIGN OF REPAIRS AND REHABILITATION OF WATERFRONT STRUCTURES.			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CHARLES W MARSHALL ROBERTS			Vice-President Name DAVID L PORTER		
Street Address 65 ARCH STREET			Street Address 14 OLD CHESTNUT ST		
City HOLLISTON	State MA	Zip 01746	City FRANKLIN	State MA	Zip 02038
Secretary Name DAVID L PORTER			Treasurer Name CHARLES W MARSHALL ROBERTS		
Street Address 14 OLD CHESTNUT ST			Street Address 65 ARCH STREET		
City FRANKLIN	State MA	Zip 02038	City HOLLISTON	State MA	Zip 01746
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DAVID L PORTER			Director Name CHARLES W MARSHALL ROBERTS		
Street Address 14 OLD CHESTNUT ST			Street Address 65 ARCH STREET		
City FRANKLIN	State MA	Zip 02038	City HOLLISTON	State MA	Zip 01746
Director Name REBECCA P SKALASKI			Director Name NONE		
Street Address 9 BROAD ACRES FARM			Street Address		
City MEDWAY	State MA	Zip 02053	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	PAR VALUE
		20		CNP	0
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 CHARLES W MARSHALL ROBERTS					Date 06.01.23
Signature of Authorized Representative <i>CMR Roberts</i>					

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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BY *bg&vr*