
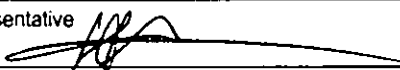


State of Rhode Island  
 Department of State - Business Services Division

Annual Report for the year: 2024  
 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**  
**OCT 23 2023**  
 BY 3015  


1. Entity ID Number 000516995		2. Exact name of the Corporation J.M. TURNER ENGINEERING, INC.			
3. Principal Office Address 1325 COLLEGE AVE			City SANTA ROSA	State CA	Zip 95404
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island CIVIL ENGINEERING			
5. State of Incorporation CA					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name ADRIANUS J VERMEULEN			Vice-President Name		
Street Address 6502 ORCHARD STATION RD			Street Address		
City SEBASTOPOL	State CA	Zip 95472	City	State	Zip
Secretary Name			Treasurer Name MEEGHAN E VERMEULEN		
Street Address			Street Address 6502 ORCHARD STATION RD		
City	State	Zip	City SEBASTOPOL	State CA	Zip 95472
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			
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 10/13/2023
Signature of Authorized Representative ADRIANUS J VERMEULEN					

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