



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>1658929</b>		2. Exact name of the Corporation <b>Chemical Engineering &amp; Instrumentation Consultants, Inc.</b>			
3. Principal office address <b>2 Terri Lane, Suite 125</b>			City <b>Burlington</b>	State <b>NJ</b>	Zip <b>08016</b>
4. Business Phone No. <b>609 387 1700</b>		5. State of Incorporation <b>New Jersey</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Engineering Services</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
President Name <b>PLEASE SEE ATTACHED OFFICERS / ADDRESSES</b>			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
Director Name <b>PLEASE SEE ATTACHED DIRECTORS / ADDRESSES</b>			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
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,500	Common	0

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**FOR SECRETARY OF STATE USE ONLY**

**FILED**

JAN 25 2016

HL 4616

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.

*Melody Armstrong* 1/25/16  
 Signature of Authorized Representative Date

*Melody Armstrong*  
 Print or Type Name of Authorized Representative

ENTITY ID NO: 1658929

**DIRECTORS**

<u>Name</u>	<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
Melody Armstrong	2 Terri Ln, Ste 125	Burlington	NJ	08016-4901
David Yoakam	2 Terri Ln, Ste 125	Burlington	NJ	08016-4901
Anthony Muratore	2 Terri Ln, Ste 125	Burlington	NJ	08016-4901
Scot Shultz	2 Terri Ln, Ste 125	Burlington	NJ	08016-4901
Edward McAvoy	2 Terri Ln, Ste 125	Burlington	NJ	08016-4901

**OFFICERS**

<u>Name</u>	<u>Position</u>
Melody Armstrong	President
David Yoakam	Vice President
Anthony Muratore	Vice President
Scot Shultz	Vice President
Edward McAvoy	Vice President / Secretary