



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. 300266		2. Exact name of the Corporation Centek Engineering Inc.								
3. Principal office address 63-2 North Branford Road		City Branford	State CT	Zip 06405						
4. Business Phone No. 203-488-0580		5. State of Incorporation CT								
6. Brief description of the character of business conducted in Rhode Island Consulting engineers										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name Frank Centore			Vice-President Name Carlo F. Centore							
Street Address 63-2 North Branford Road			Street Address 63-2 North Branford Road							
City Branford	State CT	Zip 06405	City Branford	State CT	Zip 06405					
Secretary Name Frank Centore			Treasurer Name Frank Centore							
Street Address 63-2 North Branford Road			Street Address 63-2 North Branford Road							
City Branford	State CT	Zip 06405	City Branford	State CT	Zip 06405					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name Frank Centore			Director Name Carlo F. Centore							
Street Address 63-2 North Branford Road			Street Address 63-2 North Branford Road							
City Branford	State CT	Zip 06405	City Branford	State CT	Zip 06405					
Director Name			Director Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
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		
						100	Common	No Par		

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

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.

Frank Centore 1/29/16
 Signature of Authorized Representative Date
Frank Centore, President
 Print or Type Name of Authorized Representative

FILED

FEB 03 2016

HL10868