



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. 93371		2. Exact name of the Corporation Coneco Engineers and Scientists, Incorporated			
3. Principal office address 4 First Street		City Bridgewater	State MA	Zip 02324	
4. Business Phone No. 508-697-3191		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To design, develop, experiment with, manufacture, assemble, install, repair and deal with equipment.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name R. Richard Lincoln, Jr.			Vice-President Name R. Richard Lincoln, Jr.		
Street Address 4 First Street			Street Address 4 First Street		
City Bridgewater	State MA	Zip 02324	City Bridgewater	State MA	Zip 02324
Secretary Name R. Richard Lincoln, Jr.			Treasurer Name R. Richard Lincoln, Jr.		
Street Address 4 First Street			Street Address 4 First Street		
City Bridgewater	State MA	Zip 02324	City Bridgewater	State MA	Zip 02324
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name R. Richard Lincoln, Jr.			Director Name None		
Street Address 4 First Street			Street Address		
City Bridgewater	State MA	Zip 02324	City	State	Zip
Director Name None			Director Name None		
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
			200,000	Common	No Par Value

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

Form No. 630
Revised: 01/2012

FILED

MAR 04 2016

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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.

Signature of Authorized Representative

R. Richard Lincoln, Jr.

Print or Type Name of Authorized Representative

2/2/16
Date