



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <u>000150574</u>		2. Exact name of the Corporation <u>AMERICAN EAST ENGINEERS & CONSULTANTS INC.</u>			
3. Principal Office Address <u>167 WINNAPAVG Rd</u>		City <u>WESTERLY</u>		State <u>R.I.</u>	Zip <u>02891</u>
4. NAICS Code <u>54</u>	6. Brief description of the character of business conducted in Rhode Island <u>ENGINEERING SERVICES</u>				
5. State of Incorporation <u>R.I.</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>MOHAMAD B. NADER</u>			Vice-President Name <u>N/A</u>		
Street Address <u>167 WINNAPAVG Rd</u>			Street Address		
City <u>WESTERLY</u>	State <u>R.I.</u>	Zip <u>02891</u>	City	State	Zip
Secretary Name <u>N/A</u>			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name <u>N/A</u>			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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES <u>100 %</u>	CLASS/SERIES	PAR VALUE
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 <u>MOHAMAD B. NADER</u>					Date <u>Dec 22nd 2016</u>
Signature of Authorized Representative <u>[Signature]</u> SIGN DOCUMENT HERE					

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

FILED

DEC 22 2016

FORM 630 - Revised: 10/2016

BY 291483 KM