



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

Annual Report for the year: 2017
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 05521		2. Exact name of the Corporation M.F. ENGINEERING COMPANY, INC.			
3. Principal Office Address 7 Peter Road			City Bristol	State RI	Zip 02809-0000
4. Business Phone Number:		6. Brief description of the character of business conducted in Rhode Island manufacturing, screw machine products			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul J. Ferreira			Vice-President Name Paul J. Ferreira		
Street Address 345 Thames Street, Unit N406			Street Address 345 Thames Street, Unit N406		
City Bristol	State RI	Zip 02809-	City Bristol	State RI	Zip 02809-
Secretary Name Paul J. Ferreira			Treasurer Name Paul J. Ferreira		
Street Address 345 Thames Street, Unit N406			Street Address 345 Thames Street, Unit N406		
City Bristol	State RI	Zip 02809-	City Bristol	State RI	Zip 02809-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paul J. Ferreira			Director Name none		
Street Address 345 Thames Street, Unit N406			Street Address none		
City Bristol	State RI	Zip 02809-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			300	Common	No Par
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 Paul J. Ferreira President				Date 1/02/2017	
Signature of Authorized Representative <i>Paul Ferreira</i> 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

JAN 19 2017

BY 54174 DS