



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

Annual Report for the year: 2017
Corporation

STAMP

FOR

- 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 000115121		2. Exact name of the Corporation Allied Engineering, Inc.		
3. Principal Office Address 160 Veranda St.		City Portland	State ME	Zip 04103
4. NAICS Code 54 - Professional, Scientific, and Technical Services		6. Brief description of the character of business conducted in Rhode Island Engineering Services		
5. State of Incorporation ME				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name Catherine A. Faucher		Vice-President Name None		
Street Address 160 Veranda St.		Street Address		
City Portland	State ME	Zip 04103	City	State Zip
Secretary Name None		Treasurer Name None		
Street Address		Street Address		
City	State	Zip	City	State Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name None		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		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		
		<div style="text-align: center;"></div>		
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 Catherine A. Faucher			Date 01/18/2017	
Signature of Authorized Representative <div style="text-align: center;"></div>				
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 23 2017

BY 13101 DS

FORM 630 - Revised: 10/2016