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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2017

**STAMP** 

FOR

Corporation → Filing period: January 1 - March 1 → Filing Fee: \$50.00

Alled Engineering, Inc.  3. Principal Office Address 160 Veranda St.  4. NAICS Code 54 - Professional, Scientific, an 5. State of Incorporation ME  5. State of Incorporation ME  6. Brief description of the character of business conducted in Rhode Island Engineering Services  6. Brief description of the character of business conducted in Rhode Island Engineering Services  6. Brief description of the character of business conducted in Rhode Island Engineering Services  6. State of Incorporation ME  6. State of Incorporation ME  Catherine A. Faucher  Vice-President Name None  Street Address  160 Veranda St.  City Portland  State ME  Zip 04103  City State  Zip  Cit	→ Penalty: Additional \$2				<del>.</del>	<del></del>				
4. NAICS Code 4. NAICS Code 54 - Professional, Scientific, an 5. State of Incorporation ME  7. List ALL officers (names and addresses)  Catherine A. Faucher  Street Address  City Portland  State  City Portland  State  City  City  City  State  City  City  State  City	1. Entity ID Number 000115121		2. Exact name of the Corporation  Allied Engineering, Inc.							
5. State of incorporation  ME  5. State of incorporation  ME  7. List ALL Officers (names and addresses)  Check the box to indicate an attachment of Street Address  Street Address  City Portland  Street Address  Street Address  City Portland  State  Street Address  City Portland  State  Zip O4103  City  State  Zip O4103  City  State  Zip O4103  City  State  Zip	·			1 -			i '			
State of Incorporation  ME  Catherine A. Faucher  Street Address  City Portland State None  Street Address  City Portland State None  Street Address  City State  Street Address  City State  Check the box to indicate an attachment of the comporation by the receiver or trustee.  Changes require an additional filling.  11. This report must be executed on behalf of the comporation by the receiver or trustee.  Changes require an additional filling.  11. This report must be executed on behalf of the comporation by the receiver or trustee.  Changes require an additional filling.  11. This report must be executed on behalf of the comporation by the receiver or trustee.  Changes require an additional filling.  11. This report must be executed on behalf of the comporation by the receiver or trustee.  Change of Authorized Representative  Catherine A. Faucher  Date  10. Shares and morared.  CLASSERIES  PAR VALUE  Date  10. Shares and morared.  CLASSERIES  PAR VALUE  Date  10. Shares and morared.  CLASSERIES  PAR VALUE  Date  10. Shares and correct.  Catherine A. Faucher  Date  10. Shares and correct.  Catherine A. Faucher				icter of business con	ducted in Rhode Is	sland				
President Name Catherine A. Faucher  Street Address  Street Address  Street Address  City Portland  State ME  Zip O4103  City  State  None  Treasurer Name None  Street Address  City  State  Zip  City  State  Zi	•									
Street Address  City Portland Secretary Name None  Street Address  City State  Treasurer Name None  Street Address  City State  Zip City State Zip City State Zip City State Zip City State Zip City State Zip Director Name None  Street Address  City State City State Zip City St	7. List ALL officers (names a	and addresses)				the box to ind	icate an attachment			
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Street Address  Street Address  Street Address  Street Address  Street Address  City State Zip City State Zip  Check the box to indicate an attachmen  Director Name  Street Address  City State Zip  Director Name  Street Address  City State Zip  Director Name  Street Address  City State Zip  City State Zip  Director Name  Street Address  City State Zip  City State Zip  Director Name  City State Zip  Oirector Name  Street Address  City State Zip  Oirector Name  City State Zip  Oirector Name  Street Address  City State Zip  Oirector Name  City State Zip  Oirector Name  Street Address  City State Zip  Oirector Name  Check the box to indicate an attachmen Number of State.  Changes require an additional filling.  In This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver nustee, this report must be executed on behalf of the corporation by the receiver or trustee.  Under penalty of perfury, 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.  Value of Authorized Representative  Catherine A. Faucher  Signature of Authorized Representative	Stroot Address			Street Address						
Street Address  City State Zip City State Zip  8. List ALL directors (names and addresses)  Check the box to indicate an attachmen Director Name  None  Street Address  City State Zip City State Zip  Director Name  Street Address  City State Zip City State Zip  Director Name  Street Address  City State Zip City State Zip  City State Zip  City State Zip  City State Zip  City State Zip  City State Zip  City State Zip  City State Zip  City State Zip  City State Zip  City State Zip  City State Zip  City State Zip  Check the box to indicate an attachmen Number of Street Address  City State Zip  10. Shares Issued Check the box to indicate an attachmen Number of State.  Changes require an additional filling.  Changes require an additional filling.  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 report must be executed on behalf of the corporation by the receiver or trustee.  Changes require and additional filling and accompanying schedules and statements, and that all statements contained herein are true and correct.  Value of Authorized Representative  Catherine A. Faucher  Signature of Authorized Representative		State ME	<sup>Zip</sup> 04103			State	Zip			
City State Zip City State Zip City State Zip  8. List ALL directors (names and addresses) Check the box to indicate an attachment None  Street Address  City State Zip City State Zip City State Zip  Director Name  Street Address  City State Zip City State Zip City State Zip  9. Shares Authorized This information is currently of record in the Department of State.  Changes require an additional filling.  11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receive rustee, 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.  Value Catherine A. Faucher  Signature of Authorized Representative  Date O1/18/2017	Secretary Name None			Treasurer Name	Treasurer Name None					
B. List ALL directors (names and addresses)  Check the box to indicate an attachment of the corporation by an authorized representative. If the corporation is in the hands of a receiver rustee, this report must be executed on behalf of the corporation by the receiver or trustee.  Changes require an additional filling.  Check the box to indicate an attachment of the corporation by an authorized representative. If the corporation is in the hands of a receiver rustee, this report must be executed on behalf of the corporation by the receiver or trustee.  Changes require an additional filling and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  Catherine A. Faucher  City State Zip City State Zip  City State Zip  City State Zip  Check the box to indicate an attachmen struction of the corporation of the receiver or trustee.  Conder 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.  Catherine A. Faucher  City State Zip  City State Zip  City State Zip  Check the box to indicate an attachmen state Zip  Check the box to indicate an attachmen state Zip  Check the box to indicate an attachmen state Zip  Check the box to indicate an attachmen state Zip  Check the box to indicate an attachmen state Zip  Check the box to indicate an attachmen state Zip  Check the box to indicate an attachmen state Zip  Check the box to indicate an attachmen state Zip  Check the box to indicate an attachmen state Zip  Check the box to indicate an attachmen state Zip  Check the box to indicate an attachmen state Zip  Check the box to indicate an attachmen state Zip  Check the box to indicate an attachmen state Zip  Check the box to indicate an attachmen state Zip  Check the box to indicate an attachmen stat	Street Address			Street Address						
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City State Zip Director Name  Street Address  City State Zip City State Zip  9. Shares Authorized 10. Shares Issued Check the box to indicate an attachmen NUMBER OF SHARES 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 receive rustee, this report must be executed on behalf of the corporation by the receiver or trustee.  Changes require an additional filling.  11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receive rustee, this report must be executed on behalf of the corporation by the receiver or trustee.  Changes require and that all statements contained herein are true and correct.  Name of Authorized Representative  Catherine A. Faucher  Date  01/18/2017	Director Name None			Director Name	_					
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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	11. This report must be execu	uted on behalf of the	corporation by an a	authorized represent	tative. If the corpor	ation is in the	hands of a receiver or			
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Catherine A. Faucher  O1/18/2017  Signature of Authorized Representative			herein are true an	d correct.		Trata				
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MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

JAN 23 2017