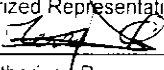


State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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 001659768		2. Exact name of the Corporation M E C ENTERPRISES, INC.			
3. Principal Office Address 65 LILAC STREET			City CUMBERLAND	State RI	Zip 02864
4. Business Phone Number			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island CONSULTING					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
President Name MARCEL CHEKRALLAH			Vice-President Name		
Street Address 65 LILAC STREET			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Secretary Name MARCEL CHEKRALLAH			Treasurer Name MARCEL CHEKRALLAH		
Street Address 65 LILAC STREET			Street Address 65 LILAC STREET		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
Director Name MARCEL CHEKRALLAH			Director Name		
Street Address 65 LILAC STREET			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment</span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			0	COMMON	0
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.					
<b>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.</b>					
Name of Authorized Representative 					Date 02/21/2017
Signature of Authorized Representative MARCEL CHEKRALLAH					

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**  
FEB 27 2017  
BY 1671341075408  
FORM 630 - Revised: 05/2016