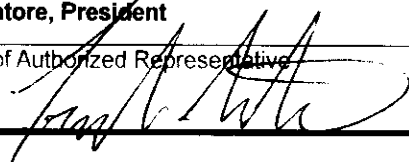




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 300266		2. Exact name of the Corporation Centek Engineering, Inc.			
3. Principal Office Address 63-2 North Branford Road			City Branford	State CT	Zip 06405
4. NAICS Code 54 - Professional, Scientific, an		6. Brief description of the character of business conducted in Rhode Island Consulting engineers			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Frank Centore			Vice-President Name Carlo F. Centore		
Street Address 63-2 North Branford Road			Street Address 63-2 North Branford Road		
City Branford	State CT	Zip 06405	City Branford	State CT	Zip 06405
Secretary Name Frank Centore			Treasurer Name Carlo F. Centore		
Street Address 63-2 North Branford Road			Street Address 63-2 North Branford Road		
City Branford	State CT	Zip 06405	City Branford	State CT	Zip 06405
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Frank Centore			Director Name Carlo F. Centore		
Street Address 63-2 North Branford Road			Street Address 63-2 North Branford Road		
City Branford	State CT	Zip 06405	City Branford	State CT	Zip 06405
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	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 Frank Centore, President				Date February 23, 2017	
Signature of Authorized Representative 				FILED <i>DR</i> MAR 27 2017	

BY 13893

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