



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

Annual Report for the year: 2018
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 85154		2. Exact name of the Corporation MPE, Inc.			
3. Principal Office Address 10 Pendleton Drive , PO Box 259			City Hebron	State CT	Zip 06248
4. NAICS Code 238320		6. Brief description of the character of business conducted in Rhode Island Engineering, design and inspection			
5. State of Incorporation CT					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert J. Ceppi			Vice-President Name None		
Street Address 10 Pendleton Drive			Street Address		
City Hebron	State CT	Zip 06248	City	State	Zip
Secretary Name Robert J. Ceppi			Treasurer Name Robert J. Ceppi		
Street Address 10 Pendleton Drive			Street Address 10 Pendleton Drive		
City Hebron	State CT	Zip 06248	City Hebron	State CT	Zip 06248
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert J. Ceppi			Director Name		
Street Address 10 Pendleton Drive			Street Address		
City Hebron	State CT	Zip 06248	City	State	Zip
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. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			20	Common	No 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 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 Robert J. Ceppi, President					Date 12/20/17
Signature of Authorized Representative <i>Robert Ceppi</i>					

SIGN DOCUMENT HERE

FILED

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 02 2018

BY 16139 *edh*

FORM 630 - Revised: 10/2016