RI SOS Filing Number: 201857533950 Date: 1/31/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1

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1. Entity ID Number	2 Evant non	<u> </u>	\n_						
000083213		2. Exact name of the Corporation SD Concept Engineering, Inc.							
Principal Office Address					State	17:5			
65 Dexter Road			City East Provide	East Providence		Zip 02914			
	10.0:41				Rł	02314			
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island							
336310	Manutactui	Manufacture of metal and plastic products							
5. State of Incorporation									
Rhode Island									
7. List ALL officers (names ar	nd addresses)	·		C	heck the box to ind	icate an attachment			
President Name Wendy Field			Vice-Presider	Vice-President Name Scott Dickinson					
Street Address 92 Wilbur Rd			Street Addres	Street Address 92 Wilbur Rd					
City Lincoln	State RI	^{Zip} 02865	City Lincoln	City Lincoln		^{Zip} 02865			
Secretary Name Wendy Field			Treasurer Na	Treasurer Name Scott Dickinson					
Street Address 92 Wilbur Rd				Street Address 92 Wilbur Rd					
City Lincoln	State RI	^{Zip} 02865	City Lincoln	City Lincoln		^{Zip} 02865			
8. List ALL directors (names a	and addresses)			C	heck the box to inc	licate an attachment			
Director Name Scott Dickinso	on		Director Nam	Wendy Field					
Street Address same as above				Street Address same as above					
City	State	Zip	City		State	Zip			
Director Name			Director Nam	Director Name					
Street Address			Street Addres	Street Address					
City	State	Zip	City	City		Zip			
9. Shares Authorized	<u> </u>	10 Shares la	au ad		hook the boy to ind	licate on attachment 🗔			
This information is currently of	f record in the	10. Shares Is	OF SHARES		SPERIES	the box to indicate an attachment PAR VALUE PAR VALUE			
Department of State.		zero issue	zero issued			1000			
Changes require an additional	filing.								
11. This report must be execu	ited on behalf of the	corporation by an	authorized repre	esentative. If the	corporation is in the	e hands of a receiver or			
trustee, this report must be ex	xecuted on behalf o	f the corporation by	the receiver or t	trustee.					
Under penalty of perjury, I on statements, and that all sta				including any a	eccompanying sch	edules and			
Name of Authorized Representative					Date	Date			
Wendy Field					01-27-2018				
Signature of Authorized Repr	esentative	SIGN DO	OCUMENT HERE	Ε					

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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