



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2019

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 841106		2. Exact name of the Corporation Lockatong Engineering Inc.			
3. Principal office address 99 Kingwood Stockton Road PO Box 146			City Rosemont	State NJ	Zip 08556
4. Business Phone No. 609-397-4106			5. State of Incorporation New Jersey		
6. Brief description of the character of business conducted in Rhode Island Engineering consultation 541330					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert N. Roop			Vice-President Name Tricia L. Romano		
Street Address 47 Strimples Mill Road			Street Address 213 New Jersey Ave		
City Stockton	State NJ	Zip 08559	City Chalfont	State PA	Zip 18914
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert N. Roop			Director Name		
Street Address 47 Strimples Mill Road			Street Address		
City Stockton	State NJ	Zip 08559	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	\$1.00

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
 Revised: 01/2012

FILED

APR 10 2019

BY

NS4X3

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.

Robert N. Roop

Signature of Authorized Representative

Robert N. Roop

Print or Type Name of Authorized Representative

4/8/19

Date

A.A.

11:30 A.M.