



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 2017

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	City Chalfont	State PA
Zip 08559		Zip 18914	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		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	City	State
Zip 08559		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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

FILE

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BY

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A.A. 11:28 A.M.

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

4/8/19

Date

Robert N. Roop

Print or Type Name of Authorized Representative