

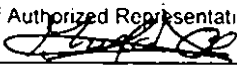
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020
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 001659768		2. Exact name of the Corporation M E C ENTERPRISES, INC.						
3. Principal Office Address 65 LILAC STREET			City CUMBERLAND	State RI	Zip 02864			
4. NAICS Code 541990	6. Brief description of the character of business conducted in Rhode Island CONSULTING							
5. State of Incorporation RI								
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>			
President Name MARCEL CHEKRALLAH			Vice-President Name					
Street Address 65 LILAC STREET			Street Address					
City CUMBERLAND	State RI	Zip 02864	City	State	Zip			
Secretary Name MARCEL CHEKRALLAH			Treasurer Name MARCEL CHEKRALLAH					
Street Address 65 LILAC STREET			Street Address 65 LILAC STREET					
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864			
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>			
Director Name MARCEL CHEKRALLAH			Director Name					
Street Address 65 LILAC STREET			Street Address					
City CUMBERLAND	State RI	Zip 02864	City	State	Zip			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
9. Shares Authorized			10. Shares Issued					
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>					
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>0.00</td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE						
100	COMMON	0.00						
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 					Date 01/27/20			
Signature of Authorized Representative MARCEL CHEKRALLAH					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 31 2020 KM

BY

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FORM 630 - Revised: 10/2017