



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.

FILED

FEB 20 2020

OK 37

| | | | |
|--|---|---|--------------------|
| 1 Entity ID Number 73684 | | 2 Exact name of the Corporation P. & G. Engineering Company, Inc. | |
| 3 Principal Office Address 7 Arborwood Drive | | City Burlington | State MA |
| | | Zip 01803 | |
| 4 NAICS Code 541330 | 6 Brief description of the character of business conducted in Rhode Island Engineering Services | | |
| 5 State of Incorporation MASSACHUSETTS | | | |
| 7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Myles P. Flaherty | | Vice-President Name Gregory Flaherty | |
| Street Address 7 Arborwood Drive | | Street Address 7 Arborwood Drive | |
| City Burlington | State MA | City Burlington | State MA |
| Zip 01803 | | Zip 01803 | |
| Secretary Name Peter Flaherty | | Treasurer Name Myles P. Flaherty | |
| Street Address 7 Arborwood Drive | | Street Address 7 Arborwood Drive | |
| City Burlington | State MA | City Burlington | State MA |
| Zip 01803 | | Zip 01803 | |
| 8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name Peter Flaherty | | Director Name None | |
| Street Address 7 Arborwood Drive | | Street Address | |
| City Burlington | State MA | City | State |
| Zip 01803 | | Zip | |
| Director Name Gregory Flaherty | | Director Name None | |
| Street Address 7 Arborwood Drive | | Street Address | |
| City Burlington | State MA | City | State |
| Zip 01803 | | Zip | |
| 9 Shares Authorized Check the box to indicate an attachment <input type="checkbox"/> | | | |
| 10 Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | CLASS/SES ES |
| | | PAR VALUE | |
| | | 100 | Common |
| | | | None |
| 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 Myles P. Flaherty, President | | Date 2/10/20 | |
| Signature of Authorized Representative <i>Myles P. Flaherty</i> | | | |
| SIGN DOCUMENT HERE | | | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016