State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

FILED

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Annual Report for the year: 2021

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	2 Exact nam	2. Exact name of the Corporation					
000116555	4	AMERICAN ENGINEERING, INC.					
3. Principal Office Address		City		State	Zip		
400 SOUTH COUNTY TRAIL			EXETER		RI	02822	
4. NAICS Code		Brief description of the character of business conducted in Rhode Island To provide professional engineering and land surveying to various entities.					
541330		, or cool of the chighing	,g 00 (20 00				
5. State of Incorporation RHODE ISLAND					• .		
7. List ALL officers (names a	ind addresses)			Check	the box to i	ndicate an attachment 🔲	
President Name DANIEL R. COTTA			Vice-President Name MATTHEW J. COTTA				
Street Address 400 South Co.	Street Address	Street Address 400 South County Trail, Suite A201					
City Exeter	State RI	Zip 02822	City Exeter	State		Zip 02822	
Secretary Name PATRICK FREEMAN			Treasurer Name DANIEL R. COTTA				
Street Address 400 South County Trail			Street Address 400 South County Trail				
<sup>City</sup> Exeter	State RI	Zip 02822	City Exeter		State RI	Z <sub>1</sub> p 02822	
8. List ALL directors (names	and addresses)			Check the box to indicate an attachment			
Director Name DANIEL R. COTTA			Director Name MATTHEW J. COTTA				
Street Address 400 South County Trail, Suite A201			Street Address	Street Address 400 South County Trail, Suite A201			
City Exeter	State RI	Zip 02822	City Exeter		State RI	[7in	
Director Name PATRICK FREEMAN			Director Name				
Street Address 400 South County Trail, Suite A201			Street Address				
City Exeter	State RI	<sup>Zip</sup> 02822	City		State	Zıp	
9. Shares Authorized							
This information is currently of record in the Department of State.		1000	NJMBER OF SHARES		S	NONE	
Changes require an additional filing.		1000				NONE	
11. This report must be executive trustee, this report must be executive.					oration is in	the hands of a receiver or	
Under penalty of perjury, I	declare and affirm	that I have examin	ed this report, i	ncluding any accor	npanying s	chedules and	
statements, and that all sta Name of Authorized Represe		l herein are true an	d correct	<del></del>	Date	<u> </u>	
DANIEL R. COTTA, PRESI		1/15/21					
Signature of Authorized Rep						(3/3)	
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