State of Rhode Island

Department of State - Business Services Division

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 name of the Corporation
300266	CENTEK ENGINEERING, INC.

3. Principal Office Address	City	State	Zip
63-2 North Branford Road	Branford	CT	06405

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541330	Consulting Engineers
5. State of Incorporation: CT	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Frank Centore	Carlo F. Centore
Street Address: 63-2 North Branford Road	Street Address: 63-2 North Branford Road
City: Branford, State: CT, Zip: 06405	City: Branford, State: CT, Zip: 06405
Secretary Name: Frank Centore	**Treasurer Name:** Carlo F. Centore
Street Address: 63-2 North Branford Road	Street Address: 63-2 North Branford Road
City: Branford, State: CT, Zip: 06405	City: Branford, State: CT, Zip: 06405

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Frank Centore	Carlo F. Centore
Street Address: 63-2 North Branford Road	Street Address: 63-2 North Branford Road
City: Branford, State: CT, Zip: 06405	City: Branford, State: CT, Zip: 06405
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

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9. Shares Authorized — **This information is currently of record in the Department of State.** **Changes require an additional filing.**

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No Par

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
Frank Centore, President	2/23/2021

Signature of Authorized Representative: Frank Centore

FILED

FEB 26 2021

19084 A.A.

MAIL TO:
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Website: www.sos.ri.gov