RI SOS Filing Number: 202101640770 Date: 9/16/2021 2:20:00 PM

State of Rhode Island
Department of State - Business Services Division

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BUS SVCS DIV
2021 SEP 16 PM 2:19

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			
000031429	Fabri-Tec Engineering, Inc			
3. Principal Office Address		City	State	Zip
272 Old Baptist Rd		North Kingstown	RI	02852
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
339999	General Fabricating and Engineering business			
5. State of Incorporation				
RI				

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

President Name			Vice-President Name		
Richard E Berndt			George Kashulines		
Street Address			Street Address		
272 Old Baptist Rd			57 Inkberry Trail		
City	State	Zip	City	State	Zip
North Kingstown	RI	02852	Narragansett	RI	02882
Secretary Name			**Treasurer Name**		
Jessica L Berndt			Richard E Berndt		
Street Address			Street Address		
272 Old Baptist Rd			272 Old Baptist Rd		
City	State	Zip	City	State	Zip
North Kingstown	RI	02852	North Kingstown	RI	02852

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

Director Name			Director Name		
none			none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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
600.00	CNP	$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
Richard E Berndt	9/14/21

Signature of Authorized Representative: Richard E Berndt

FILED
2:20
SEP 16 2021
BY JSY8C

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: 08/2020