RI SOS Filing Number: 202327457860 Date: 2/2/2023 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

FILED)

Annual Report for the year:	
Corporation	

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEBB 002220233	
BY 60472	
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1. Entity ID Number	2. Exact name	of the Corporation	 .						
05521	M.F. EN	GINEERING CO	MPANY, INC.						
3. Principal Office Address			City	· · · -	State	Zip			
7 Peter Road				istol	RI	02809-0000			
4. NAICS Code	6. Brief descrip	tion of the characte	r of business co	onducted in Rhode Is	sland				
332722	manufacturing, screw machine products								
State of Incorporation	1								
RI									
7. List ALL officers (names and ad-	dresses)			Check	the box to indica	te an attachment			
President Name				Vice-President Name Paul J. Ferreira					
Street Address	Paul J. Ferreira								
38 Anchorage Cou	38 Anchorage Court			Street Address 38 Anchorage Court					
City Bristol	State RI	Zip 02809-	City Bristo	ol	Stat RI	Zip 02809-			
Secretary Name Paul J. Ferreira	· · · · · · · · · · · · · · · · · · ·	Treasurer Name. Paul J. Ferreira				1			
Street Address 38 Anchorage Court			Street Address 38 Anchorage Court						
City Bristol	State RI	Zip 02809-	City Bristol		St -R4	103 809-			
8. List ALL directors (names and a	ddresses)			Check	the box to indica	te an attachment			
Director Name Paul J. Ferreira	.	 	Director Name						
Street Address 38 Anchorage Court	1	····	Street Address						
City Bristol	State RI	Zip 02809-	City none		State noné	Zipnone			
Director Namenone		<u> </u>	Director otarne			1			
Street Addressnone			Street Address						
City none	State none	Z _{ip} none	City none		State none	Zıp			
9. Shares Authorized	<u> </u>	10. Shares Issu		Check	the box to indica	te an attachment			
This information is currently of reco	rd in the	NUMBER OF S		C_ASS/SERIES	ŝ	PAR VALUE			
Department of State.		300	•	Common] :	No Par			
Changes require an additional filing	٠.			· · · · · · · · · · · · · · · · · · ·					
11. This report must be executed of	on behalf of the o	ornoration by an ar	thorized repres	entative. If the corpo	ration is in the h	ands of a receiver or			
trustee, this report must be executed to					aduon is in the H	ands of a receiver of			
Under penalty of perjury, I decla	re and affirm th	at I have examine	d this report, ii		npanying sched	ules and			
statements, and that all stateme Name of Authorized Representativ		nerein are true and	correct.		Date				
Paul J. Ferreira		Pre	sident		1/04/2023				
	Gr 17								
Signature of Authorized Represen	latus	24 -							
									

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: 11/2021