



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2023  
**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**  
 FEB 03 2023  
 BY 3545  
RS

1. Entity ID Number <b>001731074</b>		2. Exact name of the Corporation <b>Engineered Systems, Inc</b>			
3. Principal Office Address <b>237 Lexington Street Suite 207</b>			City <b>Woburn</b>	State <b>MA</b>	Zip <b>01801</b>
4. NAICS Code <b>541330</b>		6. Brief description of the character of business conducted in Rhode Island <b>Consulting Engineering Services</b>			
5. State of Incorporation <b>MA</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>William C Creed, IV</b>			Vice-President Name <b>Michael R. Mey</b>		
Street Address <b>6 Phillips Brook Lane</b>			Street Address <b>408 Technology Center Drive #5315</b>		
City <b>Londonderry</b>	State <b>NH</b>	Zip <b>03053</b>	City <b>Stoughton</b>	State <b>MA</b>	Zip <b>02072</b>
Secretary Name <b>none</b>			Treasurer Name <b>none</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		15,000		STK	
				PAR VALUE	
				\$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. <b>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.</b>					
Name of Authorized Representative <b>William C Creed, IV</b>				Date <b>02/01/2023</b>	
Signature of Authorized Representative 					

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