RI SOS Filing Number: 202328121580 State of Rhode Island			Date: 2/7/2023 4:00:00 PM				
Department of	Division			FILED			
Annual Report for the year: 2023 Corporation → Filing period: February 1 - May 1 → Filing Fee: \$50.00					c	EB 07 2023	
			_	BY 18/84			
					BY	18109	
→ Penalty: Additional \$25.0	00 fee if form is no	t filed by May 31.				F	
Entity ID Number		e of the Corporation	n	 -			
85154	MPE, Inc	C .					
3. Principal Office Address			City		State	Zip	
10 Pendleton Drive			Hebron		СТ	06248	
4 NAICS Code		6. Brief description of the character of business conducted in Rhode Island					
238320	Engineeri	Engineering, design and inspection					
State of Incorporation CT							
7. List ALL officers (names and addresses) President Name			Vice-Presider	t Name	the box to ii	ndicate an attachment	
Robert J. Ceppi			Vice-President Name None				
Street Address 10 Pendleton Drive			Street Address				
^{City} Hebron	State CT	^{Zip} 06248	City		State	Zip	
Secretary Name Robert J. Ceppi			Treasurer Name Robert J. Ceppi				
Street Address 10 Pendleton Drive			Street Address 10 Pendleton Drive				
^{Crty} Hebron	State CT	^{Zıp} 06248	^{City} Hebron		State CT	^{Zıp} 06248	
B. List ALL directors (names ar Director Name	******		Dispotes No.		the box to it	ndicate an attachment 📋	
Robert J. Ce			Director Name	•			
Street Address 10 Pendletor			Street Addres	9	·		
^{City} Hebron	State CT	^{Zip} 06248	City		State	Zip	
Director Name		-	Director Name	2			
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
9 Shares Authorized			10. Shares Issued			ndicate an attachment 🔲	
This information is currently of record in the Department of State. Changes require an additional filing.		20		CLASS/SERIES Common \$(PAR VA. UE	
				Common		\$0.01 Par Value	
11. This report must be execute	ed on behalf of the	corporation by an a	uthorized repre	Lsentative. If the corpor	ration is in t	he hands of a receiver or	
<u>trustee, this report must be exe</u>	ecuted on behalf of	the corporation by	the receiver or ti	rustee.			
Under penalty of perjury, I de statements, and that all state	ments contained	herein are true an	uu mis report, i <u>d correct.</u>	nciuaing any accom 	panying so 	cneaules and	
Name of Authorized Represent			Date				
Robert J. Ceppi, President					1/30/23		

MAIL TO:

Division of Business Services

Signature of Authorized Representative

148 W. River Street. Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Phone: (401) 222-3040 Website: www.sos.ri.gov