



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2023
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED **STAMP**
 MAR 08 2023
 BY *[Signature]*

1. Entity ID Number 121169		2. Exact name of the Corporation C&E Engineering Partners, Inc.			
3. Principal Office Address 342 Park Avenue			City Woonsocket	State RI	Zip 02895
4. NAICS Code <i>541990</i> 54 - Professional, Scientific, and Technical Services		6. Brief description of the character of business conducted in Rhode Island To establish a civil/environmental engineering consulting firm			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas B. Nicholson			Vice-President Name Kathleen Jensen		
Street Address 306 Summer Street			Street Address 306 Summer Street		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
Secretary Name Kathleen Jensen			Treasurer Name Thomas B. Nicholson		
Street Address 306 Summer Street			Street Address 306 Summer Street		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Thomas B. Nicholson			Director Name Kathleen Jensen		
Street Address 306 Summer Street			Street Address 306 Summer Street		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
Director Name n/a			Director Name n/a		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			0		
					PAR VALUE
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 <i>[Signature]</i>					Date 3/6/23
Signature of Authorized Representative SIGN DOCUMENT HERE					

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