



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.

**STAMP**

FOR SECRETARY OF STATE USE ONLY

2023 MAR - 9:00

1. Entity ID Number <b>001659184</b>		2. Exact name of the Corporation <b>Trinity Engineering Group, Inc.</b>			
3. Principal Office Address <b>55 Cherry Lane</b>			City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
4. NAICS Code <b>238320</b>		6. Brief description of the character of business conducted in Rhode Island <b>Professional engineering services</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>David B. O'Neill</b>			Vice-President Name		
Street Address <b>55 Cherry Lane</b>			Street Address		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip
Secretary Name <b>David B. O'Neill</b>			Treasurer Name <b>David B. O'Neill</b>		
Street Address <b>55 Cherry Lane</b>			Street Address <b>55 Cherry Lane</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
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		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>100 Common Shares with 0.01 Par Value</b>			
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.					
<i>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.</i>					
Name of Authorized Representative <b>David B. O'Neill</b>				Date <b>2/21/23</b>	
Signature of Authorized Representative <i>[Signature]</i>				FILED	

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

MAR 08 2023

*[Handwritten Signature]*  
9:00