



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

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1. Entity ID Number 000116555		2. Exact name of the Corporation AMERICAN ENGINEERING, INC.			
3. Principal Office Address 400 SOUTH COUNTY TRAIL, SUITE A201		City EXETER		State RI	Zip 02822
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island To provide professional engineering and land surveying to various entities.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name MATTHEW J. COTTA			Vice-President Name PATRICK FREEMAN		
Street Address 400 South County Trail, Suite A201			Street Address 400 South County Trail, Suite A201		
City Exeter	State RI	Zip 02822	City	State	Zip
Secretary Name PATRICK FREEMAN			Treasurer Name MATTHEW J. COTTA		
Street Address same			Street Address same		
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 MATTHEW J. COTTA			Director Name PATRICK FREEMAN		
Street Address 400 South County Trail, Suite A201			Street Address 400 South County Trail, Suite A201		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES 1000	CLASS/SERIES COMMON	PAR VALUE NONE
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 MATTHEW J. COTTA, PRESIDENT				Date 3/3/23	
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

FORM 630 - Revised: 11/2021