(3)	State of Rhode Island
	State of Rhode Island Department of S

of State - Business Services Division

Annual Report for the year: 2023 Corporation

MAR 3 1 2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

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→ Penalty: Additional \$25.00	tee it torm is not	Tiled by May 31,				ノン (
Entity ID Number	2. Exact name of the Corporation							
000789887	Aegis Engineering Services, INc.							
Principal Office Address		City State Z _I p						
141 Weymouth Street			Rockland		MA	02370		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
541690	Engineeri							
5. State of Incorporation	Engineering and Consulting Services							
MA								
7. List ALL officers (names and ac	ldresses)			Check	the box to in	ndicate an attachment 🔲		
President Name James M. Regan			Vice-President Name					
Street Address 65 Elliott Aven	Street Address							
	Ctato	17in	City		State	Zip		
^{City} Rockland	MA	^{Zip} 02359			Diale	- 'P		
Secretary Name	<u> </u>	Treasurer Name						
Street Address			Street Address					
City	State	Zip	City		State	Zıp		
8. List ALL directors (names and a	addresses)		1	Check	the box to i	ndicate an attachment		
Director Name			Director Name			<u> </u>		
Street Address			Street Address					
City	State	Zip	City		State	Zıp		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized	1	10. Shares Issued			Check the box to indicate an attachment			
This information is currently of rec Department of State.	ord in the	NJMBER OF	SHARES	CLASS/SERIE	S	PAR VALUE		
Changes require an additional filing.		1000		CNP		\$0.000		
44 75	, , , , , , , , , , , , , , , , , , , ,							
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 Date								
James 1	1 Rear	7				115/23		
Signature of Authorized Represer			· •=			· · · · · · · · · · · · · · · · · · ·		
1-m	19							

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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