



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.

FILED

APR 25 2023

BY

1. Entity ID Number 93371		2. Exact name of the Corporation CONECO ENGINEERS AND SCIENTISTS, INCORPORATED			
3. Principal Office Address 4 First Street		City Bridgewater		State MA	Zip 02324
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island To design, develop, experiment with, manufacture, assemble, install, repair and deal with equipment.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name R. Richard Lincoln, Jr.		Vice-President Name R. Richard Lincoln, Jr.			
Street Address 4 First Street		Street Address 4 First Street			
City Bridgewater	State MA	Zip 02324	City Bridgewater	State MA	Zip 02324
Secretary Name R. Richard Lincoln, Jr.		Treasurer Name R. Richard Lincoln, Jr.			
Street Address 4 First Street		Street Address 4 First Street			
City Bridgewater	State MA	Zip 02324	City Bridgewater	State MA	Zip 02324
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name R. Richard Lincoln, Jr.		Director Name			
Street Address 4 First Street		Street Address			
City Bridgewater	State MA	Zip 02324	City	State	Zip
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 200,000		CLASS/SERIES Common	PAR VALUE No 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 R. Richard Lincoln, Jr., President				Date 4-11-23	
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: 2/2023