



State of Rhode Island
Department of State - Business Services Division

STAMP

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.

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2023 MAY 31 P 4:14

1. Entity ID Number 001710119		2. Exact name of the Corporation A & E INTEC EXHAUST SYSTEM, INC.			
3. Principal Office Address 87 SANDY BOTTOM ROAD			City COVENTRY	State RI	Zip 02816
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island INTEC EXHAUST SYSTEM MANUFACTURING & DISTRIBUTION			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name ERVIN SALAZAR			Vice-President Name		
Street Address 70 MAPLEWOOD DRIVE			Street Address		
City PAWTUCKET	State RI	Zip 02861	City	State	Zip
Secretary Name ERVIN SALAZAR			Treasurer Name ERVIN SALAZAR		
Street Address 70 MAPLEWOOD DRIVE			Street Address 70 MAPLEWOOD DRIVE		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
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		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	PAR VALUE
		1000	STK	0.01	
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 DEBORAH TRIVEDI				Date 05/30/2023	
Signature of Authorized Representative <i>Deborah Trivedi</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

MAY 31 2023
BY ML 1118