



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.

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1. Entity ID Number <b>746222</b>		2. Exact name of the Corporation <b>PRISTINE ENGINEERS, INC.</b>			
3. Principal Office Address <b>3 SCHOOL ST.</b>		City <b>TAUNTON</b>	State <b>MA</b>	Zip <b>02780</b>	
4. NAICS Code <b>541330</b>	6. Brief description of the character of business conducted in Rhode Island <b>CONSULTING ENGINEERING SERVICES</b>				
5. State of Incorporation <b>MA</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>GOLAM MUSTAFA</b>		Vice-President Name <b>GOLAM MUSTAFA</b>			
Street Address <b>372 FINCH ROAD</b>		Street Address <b>372 FINCH ROAD</b>			
City <b>RAYNHAM</b>	State <b>MA</b>	Zip <b>02767</b>	City <b>RAYNHAM</b>	State <b>MA</b>	Zip <b>02767</b>
Secretary Name <b>GOLAM MUSTAFA</b>		Treasurer Name <b>NASIMA MUSTAFA</b>			
Street Address <b>372 FINCH ROAD</b>		Street Address <b>372 FINCH ROAD</b>			
City <b>RAYNHAM</b>	State <b>MA</b>	Zip <b>02767</b>	City <b>RAYNHAM</b>	State <b>MA</b>	Zip <b>02767</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>GOLAM MUSTAFA</b>		Director Name			
Street Address <b>372 FINCH ROAD</b>		Street Address			
City <b>RAYNHAM</b>	State <b>MA</b>	Zip <b>02767</b>	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>2,000</b>	<b>EW P</b>	<b>\$0.0100</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. <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 <b>GOLAM MUSTAFA</b>				Date <b>07/07/2023</b>	
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

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 BY **MUM EVS3**  
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