RI SOS Filing Number: 202342049910 Date: 10/4/2023 1:45:00 PM State of Rhode Island **Department of State - Business Services Division** į Annual Report for the year: Corporation -> Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 1. Entity ID Number Exact name of the Corporation 000507588 Trak Engineering Inc 3. Principal Office Address City State Zip 2901 Crescent Dr FI 32301 Tallahassee 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 334514 Manufacturer of Fuel Management Systems 5. State of Incorporation List ALL officers (names and addresses) Check the box to indicate an attachment President Name Katherine Blyth Vice-President Name Street Address 2901 Crescent Dr Street Address State ^{Zıp}32301 City State Ζ·p Tallahassee Secretary Name Treasurer Name Street Address Street Address City State Ζip City State 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Director Name Street Address Street Address

Street Address Street Address State Zip City State Zip 9. Shares Authorized Check the box to indicate an attachment 10. Shares Issued This information is currently of record in the Department of State. 1000 PNP/A 0.0000Changes require an additional filing. 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

City

Director Name

trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Iterates popular of particle of declars and affirm that I have executed this report, he had been accompanied and affirm that I have executed this report, he had been accompanied and affirm that I have executed this report, he had been accompanied and affirm that I have executed this report.

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

State

Ζıρ

Katherine Blyth, President

Katherine Bligh

| 09/27/2023

Date

State

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Signature of Authorized Representative

FILED

MAIL TO:

City

Director Name

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 0 4 2023 A.A. 1'45 PM