



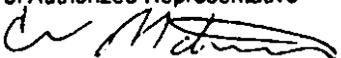
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

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BUS SVCS DIV

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- 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 000163815		2. Exact name of the Corporation Interplex Engineered Products, Inc.			
3. Principal Office Address 231 Ferris Avenue			City Rumford	State RI	Zip 02916
4. NAICS Code 335999		6. Brief description of the character of business conducted in Rhode Island Stamped Metal Manufacturing			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jocelin Swee Har SOON			Vice-President Name		
Street Address 231 Ferris Avenue			Street Address		
City Rumford	State RI	Zip 02916	City	State	Zip
Secretary Name Charles Mastrarrigo			Treasurer Name		
Street Address 628 East Dr			Street Address		
City Delray Beach	State FL	Zip 33445	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jocelin Swee Har SOON			Director Name Mark Kelly		
Street Address 231 Ferris Avenue			Street Address 231 Ferris Avenue		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
Director Name Stefan Rustler			Director Name		
Street Address 231 Ferris Avenue			Street Address		
City Rumford	State RI	Zip 02916	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
		443		<input type="checkbox"/>	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 Charles Mastrarrigo				Date 1/4/2024	
Signature of Authorized Representative 			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

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