



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2020  
Corporation

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R.I. DEPT. OF STATE  
BUS SVCS DIV

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

JAN 09 2024

BY NSS3G

FORM 630- Revised: 12/2023