



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024
Corporation

FEB 12 2024
 BY 18439
 DS

- 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 85154	2. Exact name of the Corporation MPE, Inc.
-------------------------------------	--

3. Principal Office Address 10 Pendleton Drive	City Hebron	State CT	Zip 06248
--	-----------------------	--------------------	---------------------

4 NAICS Code 238320	6. Brief description of the character of business conducted in Rhode Island Engineering, design and inspection
5 State of Incorporation CT	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert J. Ceppi			Vice-President Name None		
Street Address 10 Pendleton Drive			Street Address		
City Hebron	State CT	Zip 06248	City	State	Zip
Secretary Name Robert J. Ceppi			Treasurer Name Robert J. Ceppi		
Street Address 10 Pendleton Drive			Street Address 10 Pendleton Drive		
City Hebron	State CT	Zip 06248	City Hebron	State CT	Zip 06248

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert J. Ceppi			Director Name		
Street Address 10 Pendleton Drive			Street Address		
City Hebron	State CT	Zip 06248	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	20	Common	\$0.01 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 Robert J. Ceppi, President	Date 1/26/24
--	------------------------

Signature of Authorized Representative
--