

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024 Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED	
APR 0.8 2024	
BY MY	
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1. Entity ID Number 93371	2. Exact name of the Corporation CONECO ENGINEERS AND SCIENTISTS, INCORPORATED								
3. Principal Office Address			City	ity		e Zip			
4 First Street			Bridge	water	MA		02324		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island								
31-33 Manufacturing	To design, develop, experiment with, manufacture, assemble, install,								
5. State of Incorporation RI	repair and deal with equipment.								
7. List ALL officers (names and add	addresses) Cireck the box to indicate an attachment								
President Name R. Richard Linc	^{nt Name} R. Richard Lincoln, Jr.			Vice-President Name R. Richard Lincoln, Jr.					
Street Address 4 First Street			Street Address 4 First Street						
^{City} Bridgewater	State MA	^{Z p} 02324		gewater	1	MA	^{Zip} 02324		
Secretary Name R. Richard Lind	coln, Jr.		Treasurer Name R. Richard Lincoln, Jr.						
Street Address 4 First Street			Street Address 4 First Street						
Bridgewater	State MA	^{Z_{ip}} 02324	^{City} Bridgewater		State	MA	^{Zip} 02324		
8. List ALL directors (names and addresses) Check the box to indicate an attachment									
Director Name R. Richard Lincoln, Jr.				Director Name					
Street Address 4 First Street			Street Address						
^{City} Bridgewater	State MA	^{Zip} 02324	City		State		Zip		
Director Name			Director Name						
Street Address			Street Address						
Cily	State	Zıp	City		State		Zíp		
9. Shares Authorized		10. Shares Issue		Check the		icate an at			
his information is currently of record in the PAUMBER OF S epartment of State. 200,000		COMMON		<u> </u>	No Par Value				
Changes 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 re-									
ceiver 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 R. Richard Lincoln, Jr.				3/21/24			<i>t</i>		
Signature of Authorized Representa	ative)		<u> </u>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov