

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # F99000000664

1. Entity Name
RHODE ISLAND ENGINE CO., INC.



Principal Place of Business
79 STATE STREET
POST OFFICE BOX 543
NARRAGANSETT, RI 02882-0543

Mailing Address
79 STATE STREET
POST OFFICE BOX 543
NARRAGANSETT, RI 02882-0543



03282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0340309

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GALLUP, BARRY P
13585 SE 42ND ST
SE 128TH AVENUE
OKEECHOBEE, FL 34974

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PC
GALLUP, BARRY P JR
27 MINISTERIAL ROAD
WAKEFIELD, RI 02879

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VVC
GALLUP, DAVID B
73 NARROW LANE
CHARLESTOWN, RI 02813

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
GALLUP, BARRY P
13585 SE 42ND ST
OKEECHOBEE, FL 34974

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
GALLUP, BARBARA
13585 SE 42ND ST
OKEECHOBEE, FL 34974

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000687426
04/10/07-80039-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #