



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 124004		2. Name of Corporation Boston Energy & Control, Inc.			
3. Street Address Principal Business Office 80 Ten Rod Road (P.O. Box 862)			City North Kingstown	State RI	Zip 02852
4. Business Phone No. 401-829-9303		5. State of Incorporation			
6. Brief Description of the Character of Business Conducted in Rhode Island Energy Control Analysis, Lockout/Tagout Consulting and Training, Manufacturing Equipment: Control System Design and Modification					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Patrick A. Reay			Vice President Name Patrick A. Reay		
Street Address 80 Ten Rod Road (P.O. Box 862)			Street Address 80 Ten Rod Road (P.O. Box 862)		
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
Secretary Name Patrick A. Reay			Treasurer Name Patrick A. Reay		
Street Address 80 Ten Rod Road (P.O. Box 862)			Street Address 80 Ten Rod Road (P.O. Box 862)		
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Patrick A. Reay			Director Name		
Street Address 80 Ten Rod Road (P.O. Box 852)			Street Address		
City N. Kingstown	State RI	Zip 02852	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series Common	Par Value No Par

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.

Signature: Patrick A. Reay Date: 2/3/11  
Print or Type Name: Patrick A. Reay  
Title: President

File Date: **FILED**  
Check No.: **FEB 04 2011**  
By: 1443  
BY: FOR SECRETARY OF STATE USE ONLY