

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of the Corporation					
157061	Xcel Servi	ces, Inc.				
3. Principal office address C/O UIL Holdings Corporation			City New Haven	State CT	Zip 06 5	506-0901
4. Business Phone No. 203-499-2575			5. State of Incorporation Connecticut			
6. Brief description of the charact Electrical Contracting				DRFOR		
7. LIST ALL OFFICERS (NAME	S AND ADDRESS	ES) ("X" BOX FOR AT				る。単文
President Name Richard J. Nicholas			James P. Torgerson			
Street Address 9 Whisper Cove Road			Street Address 14 Juniper Point Road			
City Old Saybrook	State CT	Zip 06475	City Branford	State CT	Zip 06	405
Secretary Name Linda L. Randell			Treasurer Name			
Street Address 115 Middle Road			Street Address		20	CO CO
City Hamden	State CT	Zip 06517	City	State	Zip- UE	7073 1075
8. LIST <u>ALL</u> DIRECTORS (NAM	ATTACHMENT)	-	C	유럽		
Director Name James P. Torgerson	Director Name Richard J. Nicho	olas	30			
Street Address 14 Juniper Point Road			Street Address 9 Whisper Cove Road			
City Branford	State CT	Zip 06405	City Old Saybrook	State CT	Zip•	175 ≤ =
Director Name	Director Name					
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)					
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALI	JE
			0			
This report must be executed on	•	•	L. d representative. If the cathe corporation by the re	•	hands of a receiv	ver or trustee,
File Date	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.					
Check No		DEC 3 0 2013	Of J. A.	lule los	8/22/1	<u>Z</u>
FOR SECRETARY OF STATE USE ONLY A 1381 - Richard J. Nicholas Fig. 17 Proc. Name of Authorized Representative						
N- 000	DILZES	<u> </u>	Print or Type Name	of Authorized Repre	esentative	

Form No. 630 Revised: 01/2012