



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 2008**

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. <b>157061</b>		2. Exact name of the Corporation <b>Xcel Services, Inc.</b>			
3. Principal office address <b>C/O UIL Holdings Corporation</b>			City <b>New Haven</b>	State <b>CT</b>	Zip <b>06506-0901</b>
4. Business Phone No. <b>203-499-2575</b>		5. State of Incorporation <b>Connecticut</b>			2008 SEP 12 AM 11:10 SECRETARY OF STATE CORPORATIONS DIV
6. Brief description of the character of business conducted in Rhode Island <b>Electrical Contracting</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Richard J. Nicholas</b>			Vice President Name <b>CEO</b> <b>James P. Torgerson</b>		
Street Address <b>9 Whisper Cove Road</b>			Street Address <b>14 Juniper Point Road</b>		
City <b>Old Saybrook</b>	State <b>CT</b>	Zip <b>06475</b>	City <b>Branford</b>	State <b>CT</b>	Zip <b>06405</b>
Secretary Name <b>Linda L. Randell</b>			Treasurer Name		
Street Address <b>115 Middle Road</b>			Street Address		
City <b>Hamden</b>	State <b>CT</b>	Zip <b>06517</b>	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>James P. Torgerson</b>			Director Name <b>Richard J. Nicholas</b>		
Street Address <b>14 Juniper Point Road</b>			Street Address <b>9 Whisper Cove Road</b>		
City <b>Branford</b>	State <b>CT</b>	Zip <b>06405</b>	City <b>Old Saybrook</b>	State <b>CT</b>	Zip <b>06475</b>
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			0		

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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.

**FILED**

DEC 30 2013

*Richard J. Nicholas* 8/22/13  
 Signature of Authorized Representative Date

**Richard J. Nicholas**  
 Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

BY *CR 213822*

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