



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 **2007**

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.

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|--|--------------------|--|---|--------------------|--------------------------|
| 1. Entity ID No. 157061 | | 2. Exact name of the Corporation Xcel Services, Inc. | | | |
| 3. Principal office address C/O UIL Holdings Corporation | | | City New Haven | State CT | Zip 06506-0901 |
| 4. Business Phone No. 203-499-2575 | | | 5. State of Incorporation Connecticut | | |
| 6. Brief description of the character of business conducted in Rhode Island Electrical Contracting | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Richard J. Nicholas | | | Vice-President Name | | |
| Street Address 58 Catullo Drive | | | Street Address | | |
| City Guilford | State CT | Zip 06437 | City | State | Zip |
| Secretary Name | | | Treasurer Name Susan E. Allen | | |
| Street Address | | | Street Address 38 Castle Drive | | |
| City | State | Zip | City Branford | State CT | Zip 06405 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name James P. Torgerson | | | Director Name Richard J. Nicholas | | |
| Street Address 14 Juniper Point Road | | | Street Address 58 Catullo Drive | | |
| City Branford | State CT | Zip 06405 | City Guilford | State CT | Zip 06437 |
| 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: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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BY *CR 213822*
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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.

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

Richard J. Nicholas
Print or Type Name of Authorized Representative