



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 2015

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. 124004		2. Exact name of the Corporation Boston Energy & Control, Inc.			
3. Principal office address 80 Ten Rod Road (PO Box 862)		City North Kingstown		State RI	Zip 02852
4. Business Phone No. 401-829-9303		5. State of Incorporation Rhode Island			
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. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Patrick A. Reay			Vice-President Name Patrick A. Reay		
Street Address 80 Ten Rod Road (PO Box 862)			Street Address 80 Ten Rod Road (PO Box 862)		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Patrick A. Reay			Treasurer Name Patrick A. Reay		
Street Address 80 Ten Rod Road (PO Box 862)			Street Address 80 Ten Rod Road (PO Box 862)		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Patrick A. Reay			Director Name		
Street Address 80 Ten Rod Road (PO Box 862)			Street Address		
City North 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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	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.

File Date _____
Check No. _____
By _____
FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

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.

Patrick A. Reay 12/13/14
Signature of Authorized Representative Date
PATRICK A. REAY
Print or Type Name of Authorized Representative