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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.	2. Exact name of the Corporation
797538	SOUTH SHORE GENERATOR SER., INC.

3. Principal office address	City	State	Zip
2696A CRANBERRY HIGHWAY, P.O. BOX 567	E. WAREHAM	MA	02538

4. Business Phone No.	5. State of Incorporation
508-295-7336	MASSACHUSETTS

6. Brief description of the character of business conducted in Rhode Island
SALES, SERVICE AND MAINTENANCE OF STANDBY GENERATORS

RECEIVED
2015 FEB 5 PM 2:03
SECRETARY OF STATE
CORPORATIONS DIV

7. LIST ALL OFFICERS' NAMES AND ADDRESSES - ☐ BOX FOR ATTACHMENT

President Name	Vice-President Name
ERIC CLARK	NONE
Street Address	**Street Address**
5 LANG STREET	
City / State / Zip	City / State / Zip
LAKEVILLE / MA / 02739	
Secretary Name	**Treasurer Name**
BERNADETTE BRAMAN	BERNADETTE BRAMAN
Street Address	**Street Address**
147 HASKELL RIDGE ROAD	137 HASKELL RIDGE ROAD
City / State / Zip	City / State / Zip
ROCHESTER / MA / 02770	ROCHESTER / MA / 02770

8. LIST ALL DIRECTORS' NAMES AND ADDRESSES - ☐ BOX FOR ATTACHMENT

Director Name	Director Name
HARRY M CLARK	LOIS B CLARK
Street Address	**Street Address**
42 HASKELL RIDGE ROAD	42 HASKELL RIDGE ROAD
City / State / Zip	City / State / Zip
ROCHESTER / MA / 02770	ROCHESTER / MA / 02770
Director Name	**Director Name**
ERIC CLARK	BERNADETTE BRAMAN
Street Address	**Street Address**
5 LANG STREET	137 HASKELL RIDGE ROAD
City / State / Zip	City / State / Zip
LAKEVILLE / MA / 02739	ROCHESTER / MA / 02770

9. SHARES AUTHORIZED **10. SHARES ISSUED - ☐ 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 VALUE
10,000	CNP	0.00

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.

FILED — Signature of Authorized Representative — 02/04/2015 Date

ERIC CLARK
Print or Type Name of Authorized Representative

FEB 05 2015

BY 241690

Form No. 630
Revised: 01/2012

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