

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

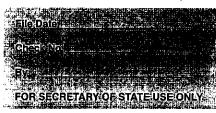
148 W. River Street, Providence, Rhode Island 02904-2615

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

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

		LE THIS REPORT BY N	MARCH 31 WILL RES	SULI IN A \$25.00 PEN	ALTY FEE.	
1. Entity ID No.	ì	2. Exact name of the Corporation ENERGETICS INC.				
75901	ENERG					
3. Principal office address 2440 Mendon Road			City Cumberland	State RI	Zip 02864	
4. Business Phone No. (401) 658-0786			5. State of Incorporation Rhode Island			
		s conducted in Rhode Islan				
To engage in the b	usiness of prov	iding trucking and o	delivery services a	and vacuum truck s	ervices.	
ŽESTALLOFFICERS/	NAMES/AND/ADDE	IESSES) (#X#BOX/FOR/A	TIACHMEN BY			
President Name Kristine M. Lambert			Vice-President Name None			
Street Address 2440 Mendon Road			Street Address			
City Cumberland	State RI	Zip 02864	City	State	Zip	
Secretary Name Kristine M. Lambert			Treasurer Name Kristine M. Lambert			
Street Address 2440 Mendon Road			Street Address 2440 Mendon Road			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864	
	(NAMES AND ADD	RESSES) ("X" BOX FOR		世 现代中 有 进行	THE REPORT	
Director Name Kristine M. Lambert			Director Name			
Street Address 2440 Mendon Road			Street Address			
City Cumberland	State RI	Zip 02864	City State		Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City State		Zip	
. SHARES AUTHORIZED			10. SHARES ISSUE	C ("X" BOX FOR ATTACH	IMENT)	
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	
			1000	Common	No Par Value	
This report must be execu		corporation by an authorize			of a receiver or trustee,	



Form No. 630 Revised: 01/2012 FILED

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.

Kyntine M Lambert
Signature of Authorized Representative

Kristine M. Lambert, President

Print or Type Name of Authorized Representative