



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. 812176		2. Exact name of the Corporation Keres Consulting, Inc.			
3. Principal office address 5600 Wyoming Bl. NE, Suite 150		City Albuquerque	State NM	Zip 87109	
4. Business Phone No. 505-837-2104		5. State of Incorporation New Mexico			
6. Brief description of the character of business conducted in Rhode Island Energy Audits and Facility Assessments, Federal Real Property Assessments					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Timothy J. Chavez			Vice-President Name Jeffrey A. Brown		
Street Address 5600 Wyoming Bl. NE, Suite 150			Street Address 5600 Wyoming Bl. NE, Suite 150		
City Albuquerque	State NM	Zip 87109	City Albuquerque	State NM	Zip 87109
Secretary Name N/A			Treasurer Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Timothy J. Chavez			Director Name		
Street Address 5600 Wyoming Bl. NE, Suite 150			Street Address		
City Albuquerque	State NM	Zip 87109	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
			10,000	Common	.05

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

JUL 2015

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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.

Signature of Authorized Representative

Timothy J. Chavez

Print or Type Name of Authorized Representative

7/6/15
Date