



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 2016

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. <u>1341072</u>		2. Exact name of the Corporation <u>R. E. ERICKSON CO., INC.</u>			
3. Principal office address <u>595 PROVIDENCE HWY.</u>		City <u>WALPOLE</u>	State <u>MA</u>	Zip <u>02081</u>	
4. Business Phone No. <u>508-668-9330</u>		5. State of Incorporation <u>MA</u>			
6. Brief description of the character of business conducted in Rhode Island <u>IMPLEMENTATION OF INSTRUMENTATION, PROCESS CONTROL AND SCADA SYSTEMS.</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>DAVID L. LABONTE</u>			Vice-President Name		
Street Address <u>360 OAK ST.</u>			Street Address		
City <u>FRANKLIN</u>	State <u>MA</u>	Zip <u>02038</u>	City	State	Zip
Secretary Name <u>GARY ROY</u>			Treasurer Name <u>MARC L. LEMOI</u>		
Street Address <u>24 CUMBERLAND ST.</u>			Street Address <u>34 ISLAND DR</u>		
City <u>ATTLEBORO</u>	State <u>MA</u>	Zip <u>02703</u>	City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>DAVID L. LABONTE</u>			Director Name <u>MARC L. LEMOI</u>		
Street Address <u>360 OAK ST.</u>			Street Address <u>34 ISLAND DR</u>		
City <u>FRANKLIN</u>	State <u>MA</u>	Zip <u>02038</u>	City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>
Director Name <u>GARY ROY</u>			Director Name		
Street Address <u>24 CUMBERLAND ST.</u>			Street Address		
City <u>ATTLEBORO</u>	State <u>MA</u>	Zip <u>02703</u>	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
			<u>1250</u>	<u>COMMON</u>	<u>NO PAR</u>

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.

David L. Labonte 2/09/16
Signature of Authorized Representative Date

David L. Labonte
Print or Type Name of Authorized Representative

FILED

FEB 12 2016

RV

1342646

File Date

Check No

By

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