



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. 75901		2. Exact name of the Corporation ENERGETICS INC.			
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		
6. Brief description of the character of business conducted in Rhode Island To engage in the business of providing trucking and delivery services and vacuum truck services.					
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
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
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 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

Kristine M Lambert Pres 2-23-16
 Signature of Authorized Representative Date

Kristine M. Lambert, President
 Print or Type Name of Authorized Representative

FEB 25 2016

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