

Amended



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

2016 JUN - 1 PM 3:55

SECRETARY OF STATE
CORPORATIONS DIV

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation		
000109118		Pagan Services inc		
3. Principal Office Address		City	State	Zip
16 Penrose ST		North Providence	RI	02911
4. Business Phone Number		5. State of Incorporation		
401 - 230-5635		RI		
6. Brief description of the character of business conducted in Rhode Island				
Electrical contracting				

7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>				
President Name					Vice-President Name				
William S Salisbury					William S Salisbury				
Street Address					Street Address				
16 Penrose ST					16 Penrose ST				
City	State	Zip	City	State	Zip	City	State	Zip	
North Providence	RI	02911	North Providence	RI	02911				
Secretary Name					Treasurer Name				
William S Salisbury					William S Salisbury				
Street Address					Street Address				
16 Penrose ST					16 Penrose ST				
City	State	Zip	City	State	Zip	City	State	Zip	
North Providence	RI	02911	North Providence	RI	02911				

8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>				
Director Name					Director Name				
Street Address					Street Address				
City					City				
State	Zip	State	Zip	State	Zip	State	Zip		

9. Shares Authorized			10. Shares Issued			Check box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE			
			100	CWP	.05			

11. 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.

Name of Authorized Representative		Date
William S Salisbury		6/1/16

Signature of Authorized Representative *William S Salisbury* SIGN DOCUMENT HERE

FILED

3:55

JUN 01 2016

By *[Signature]*



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

