



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. Filing ID No. 8244		2. Exact name of the Corporation MASSED ELECTRIC, INC.			
3. Principal office address 44 Everett Street		City Warren	State RI	Zip 02885	
4. Mailing Phone No.		5. State of Incorporation RI			
6. Description of the character of business conducted in Rhode Island electrical services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Nicholas T. Massed			Vice-President Name Susan Massed		
Street Address 44 Everett Street			Street Address 44 Everett Street		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Susan Massed			Treasurer Name Nicholas T. Massed		
Street Address see above			Street Address see above		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			300	CNP	no par

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CORPORATIONS DIV
2016 AUG 11 AM 8:57

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

AUG 11 2016

By **281055**

AA

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.

Nicholas T. Massed 8/8/16
Signature of Authorized Representative Date

Nicholas T. Massed, President

Print or Type Name of Authorized Representative