State of Rhode Island and Providence Plantations  Department of State - Business Services Division					FILE	)	
Annual Report for the year: 2017 Corporation				J	JAN 2 3 20	017 🕏	
<ul> <li>→ Filing period: January 1 - March 1</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by April 1.</li> </ul>				BY			
				<u></u>			
1. Entity ID Number 62505		2 Exact name of the Corporation William Donahue Associates, Inc.					
3. Principal Office Address 26 Silver Spring	g Street		City Provid	dence	State RI	Zip 02904	
NAICS Code     5 3  S. State of Incorporation	6. Brief descript Electric services	brief description of the character of business conducted in Rhode Island  lectrical system design, engineering, mgt. & related  ervices					
5. State of incorporation RI	501.	3					
7. List ALL officers (names and add	resses)			Check	the hox to indir	cate an attachment	
President Name William F. Donah	President Name William F. Donahue, IV			ent Name	He box to	ale an ausomicin	
Street Address 26 Silver Spring	i		Street Addres	38			
City Providence	State RI	<sup>Z</sup> B2904	City		State	Zip	
Secretary Name William F. Donah Street Address	ue, IV		Treasurer Nar Willia Street Address	am F. Donahu	ıe, IV		
26 Silver Spring	26 Silver Spring Street			ss lver Spring			
Providence	State RI	<sup>Zip</sup> 02904	City Provid		State R I	<sup>Zip</sup> 02904	
List ALL directors (names and add Director Name	dresses)		Director Name	Check th	ne box to indic	cate an attachment	
William F. Donah	ue. IV		Director rooms	3			
Street Address 26 Silver Spring Street			Street Address	.S			
	State RI	<sup>ZiB</sup> 02904	City		State	Zip	
Director Name			Director Name	2	•		
Street Address			Street Address	Street Address			
	State	Zip	City		State	Zip	
Shares Authorized     This information is currently of record		10. Shares Issue			ne box to indica	ate an attachment	
This information is currently of record Department of State. 8000	in the	NUMBER OF S	HARES	CLASS/SERIES		PAR VALUE	
Changes require an additional filing.	Ī	100		common		\$1.00	
11. This report must be executed on	behalf of the cor	poration by an au	uthorized repres	sentative. If the corpora	ation is in the h	ands of a receiver or	
trustee, this report must be executed Under penalty of perjury, I declare	on behalf of the	comporation by the	ne receiver or tri	riistaa			
statements, and that all statements. Name of Authorized Representative	ts contained here	ein are true and	correct.		Date	uies and	

, President

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

William F. Donahue, IV

Signature of Authorized Representative

Phone: (401) 222-3040 Website: www.sos.ri.gov 1/16/17