



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

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 BUSINESS SERVICES DIVISION
 2017 JAN 03 PM 10:10

1. Entity ID Number 133109		2. Exact name of the Corporation Action Energy Services, Inc.			
3. Principal Office Address 25 Moorland Avenue		City East Providence		State RI	Zip 02914
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island To Operate a painting contracting business			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jorge M. Amaral			Vice-President Name Jorge M. Amaral		
Street Address 25 Moorland Avenue			Street Address 25 Moorland Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Jorge M. Amaral			Treasurer Name Jorge M. Amaral		
Street Address 25 Moorland Avenue			Street Address 25 Moorland Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
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	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 Check the 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
			100		Common
					PAR VALUE
					No Par Value
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 Jorge M. Amaral					Date
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 JAN 30 2017

FORM 630 - Revised: 10/2016

BY 2916