



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.

1. Entity ID Number 000137480		2. Exact name of the Corporation GS Roy Electrical Services, Inc.			
3. Principal Office Address 33 Settlers Landing			City Westerly	State RI	Zip 02891
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island Electrical Construction			
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 Gregory S. Roy			Vice-President Name Gregory S. Roy		
Street Address 232 Wyassup Road			Street Address 232 Wyassup Road		
City N. Stonington	State CT	Zip 06359	City N. Stonington	State CT	Zip 06359
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gregory S. Roy			Director Name		
Street Address 232 Wyassup Road			Street Address		
City N. Stonington	State CT	Zip 06359	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100 A 0		
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 Gregory S. Roy					Date
Signature of Authorized Representative 					FILED 2717
					FEB 13 2017

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov

FORM 630-- Revised: 10/2016