



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

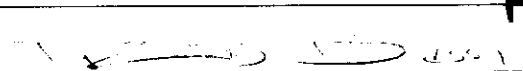
Annual Report for the year: **2017**

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 1335836		2. Exact name of the Corporation BC Power, Inc.			
3. Principal Office Address 2143 Elmwood Avenue		City Warwick		State RI	Zip 02888
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island ELECTRICAL CONTRACTING AND ALL BUSINESS RELATED THERETO			
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 Frederick V. Bassi			Vice-President Name Vacant		
Street Address 2143 Elmwood Avenue			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
Secretary Name Frederick V. Bassi			Treasurer Name Frederick V. Bassi		
Street Address 2143 Elmwood Avenue			Street Address 2143 Elmwood Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Frederick V. Bassi			Director Name		
Street Address 2143 Elmwood Avenue			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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
			PAR VALUE		
10			COMMON		NO PAR
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 FREDERICK V. BASSI					Date 2/6/2017
Signature of Authorized Representative 					

FILED

FEB 13 2017

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

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L.C.

FORM 630 - Revised: 02/2017