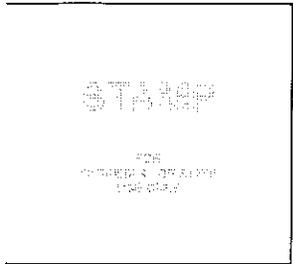




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 117206		2. Exact name of the Corporation T.E.S. Electrical Service, Inc.			
3. Principal Office Address 2 Dorman Drive			City Seekonk	State MA	Zip 02771
4. Business Phone Number:		6. Brief description of the character of business conducted in Rhode Island electrical repair, installation and 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 Thomas F. Price			Vice-President Name Patricia M. Price		
Street Address 2 Dorman Drive			Street Address 2 Dorman Drive		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name Patricia M. Price			Treasurer Name Thomas F. Price		
Street Address 2 Dorman Drive			Street Address 2 Dorman Drive		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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		
			1000		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. <i>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.</i>					
Name of Authorized Representative Thomas F. Price, President <i>Thomas F. Price</i> President					Date 2-10-17
Signature of Authorized Representative					

SIGN DOCUMENT HERE

FILED 62

FEB 15 2017

BY 6413

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