



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 26529		2. Exact name of the Corporation Qualified Contractors, Inc.			
3. Principal Office Address 11330 Clay Road			City Houston	State TX	Zip 77041
4. NAICS Code 56 - Administrative and Support		6. Brief description of the character of business conducted in Rhode Island Labor sourcing affiliate for the power generation business			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Michael Woods			Vice-President Name Morgan Williams		
Street Address 201 North Franklin Street			Street Address 201 North Franklin Street		
City Tampa	State FL	Zip 33602	City Tampa	State FL	Zip 33602
Secretary Name Morgan Williams			Treasurer Name Morgan Williams		
Street Address 201 North Franklin Street			Street Address 201 North Franklin Street		
City Tampa	State FL	Zip 33602	City Tampa	State FL	Zip 33602
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Michael Wood			Director Name Paul Zack		
Street Address 201 North Franklin Street			Street Address 201 North Franklin Street		
City Tampa	State FL	Zip 33602	City Tampa	State FL	Zip 33602
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	
		25,000	Common	1.00	
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 Richard Maxstadt			FILED		Date 02/13/2017
Signature of Authorized Representative 			FEB 17 2017		
			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

BY 10018820

IP
26529

Qualified Contractors, Inc.
56-1330938

TITLE	NAME	ADDRESS	CITY	STATE	ZIP CODE
Director	Wood, Michael	201 North Franklin Street	Tampa	FL	33602
Director	Zack, Paul	201 North Franklin Street	Tampa	FL	33602
President	Wood, Michael	201 North Franklin Street	Tampa	FL	33602
Secretary	Williams, Morgan	201 North Franklin Street	Tampa	FL	33602
Treasurer	Williams, Morgan	201 North Franklin Street	Tampa	FL	33602
Vice President	Williams, Morgan	201 North Franklin Street	Tampa	FL	33602
Attorney-In-Fact	Maxstadt, Richard T	12 Corporate Woods Blvd., Suite 300	Albany	NY	12211-2524

FILED

FEB 17 2017

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