



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

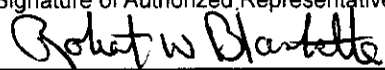
Annual Report for the year: 2017

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 25998		2. Exact name of the Corporation Worcester Electrical Associates Inc.	
3. Principal Office Address 39 Lamartine Street		City Worcester	State MA
		Zip 01610	
4. Business Phone Number 508-754-4175		5. State of Incorporation Massachusetts	
6. Brief description of the character of business conducted in Rhode Island Electrical Contractor			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robert W. Blanchette		Vice-President Name John A. Carroll	
Street Address 10 Pommenville Street		Street Address 84 Wilson Avenue	
City Pawtucket	State RI	Zip 02861	City Spencer
		State MA	Zip 01562
Secretary Name Robert W. Blanchette		Treasurer Name Robert W. Blanchette	
Street Address 10 Pommenville Street		Street Address 10 Pommenville Street	
City Pawtucket	State RI	Zip 02861	City Pawtucket
		State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Robert H. Blanchette		Director Name Robert W. Blanchette	
Street Address 16713 Golfview Drive		Street Address 10 Pommenville Street	
City Weston	State FL	Zip 33326	City Pawtucket
		State RI	Zip 02861
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	
		7000	Preferred
		12500	Common
			Without 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 Robert W. Blanchette			Date 2/15/17
Signature of Authorized Representative 			

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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