RI SOS Filing Number: 201734972740 Date: 2/27/2017 4:00:00 PM

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	2. Exact name of the Corporation
974337	Got Sun-Go Solar Inc.

3. Principal Office Address	City	State	Zip
135 Lauren Drive	Seekonk	MA	02771

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
23 - Construction	Solar Panels
5. State of Incorporation	
Massachusetts	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Ronald Bennett			Vice-President Name:		
Street Address: 135 Lauren Drive			Street Address:		
City: Seekonk	State: MA	Zip: 02771	City:	State:	Zip:
Secretary Name: Ronald Bennett			Treasurer Name: Ronald Bennett		
Street Address: 135 Lauren Drive			Street Address: 135 Lauren 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 ☐

Director Name: Ronald Bennett			Director Name:		
Street Address: 135 Lauren Drive			Street Address:		
City: Seekonk	State: MA	Zip: 02771	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common	$0.01

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	Date
Ronald Bennett	1/25/17

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
FEB 27 2017
By 2681 A·A

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

FORM 630 - Revised: 10/2016