



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

Annual Report for the year: 2014
 Corporation

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 BUS SVCS DIV

2017 APR 10 PM 1:28

- 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 000577248		2. Exact name of the Corporation POSITIVE ENERGY INC			
3. Principal Office Address 85 WAMPANOAG CIRCLE		City NORTH KINGSTOWN		State RI	Zip 02852
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation RI		ELECTRICAL CONTRACTOR			
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name JEREMY L LAURY			Vice-President Name		
Street Address 85 WAMPANOAG CIRCLE			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		10,000	Common	.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 JEREMY L LAURY					Date 4/10/17
Signature of Authorized Representative <i>[Signature]</i>					Date

SIGN DOCUMENT HERE **FILED**

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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 BY **300513**
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