



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

2017 MAY 25 AM 11:29
 RI DEPT OF STATE
 BUSINESS SERVICES DIVISION

Annual Report for the year: 2016
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 34782	2. Exact name of the Corporation A+I WELL CO., INC.		
3. Principal Office Address 77 NORTH MAIN ST.		City SLATERSVILLE	State RI
		Zip 02876	
4. NAICS Code 81 WELL DRILLING PUMP REPAIR	6. Brief description of the character of business conducted in Rhode Island WELL DRILLING - PUMP REPAIR		
5. State of Incorporation RI			

7. List ALL officers (names and addresses)						Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN J. WRIGHT JR.				Vice-President Name CAROL A. WRIGHT							
Street Address 77 NORTH MAIN ST. (MAIL - PO BOX 587)				Street Address 77 NORTH MAIN ST (MAIL - PO BOX 587)							
City SLATERSVILLE	State RI	Zip 02876	City SLATERSVILLE	State RI	Zip 02876						
Secretary Name CHRISTINE WRIGHT				Treasurer Name JOHN J. WRIGHT JR.							
Street Address 105 NORTH MAIN ST. (MAIL - PO BOX 102)				Street Address 77 NORTH MAIN ST (MAIL - PO BOX 587)							
City SLATERSVILLE	State RI	Zip 02876	City SLATERSVILLE	State RI	Zip 02876						

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			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	PAR VALUE			
			100	CHP	0			

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 Carol A. WRIGHT	Date 1-23-17
Signature of Authorized Representative Carol A. Wright	FILED

FILED
MAY 25 2017
BY 304472
11:29