



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

2017 MAY 25 AM 11:29
 R.I. 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 <u>34782</u>	2. Exact name of the Corporation <u>A+I WELL CO., INC.</u>
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3. Principal Office Address <u>77 NORTH MAIN ST.</u>	City <u>SLATERSVILLE</u>	State <u>RI</u>	Zip <u>02876</u>
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4. NAICS Code <u>81</u> <u>WELL DRILLING PUMP REPAIR</u>	6. Brief description of the character of business conducted in Rhode Island <u>WELL DRILLING - PUMP REPAIR</u>
5. State of Incorporation <u>RI</u>	

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

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 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 <u>100</u>	CLASS/SERIES <u>CHP</u>	PAR VALUE <u>0</u>

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 <u>Carol A. WRIGHT</u>	Date <u>1-23-17</u>
Signature of Authorized Representative <u>Carol A. Wright</u>	

FILED

MAY 25 2017

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