



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

FILED

AUG 08 2017

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.

BY alc
 309898 p. 23pm

1. Entity ID Number 138810		2. Exact name of the Corporation J. LEE ASSOCIATES, INC.			
3. Principal Office Address 420 Northboro Road Central		City Marlboro	State MA	Zip 01752	RECEIVED DEPT. OF STATE BUS SVCS DIV AUG - 8 PM 12:21
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island ELECTRICAL CONTRACTING AND INSTALLATION WORK				
5. State of Incorporation MA	TITLE: 7-1.1				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James L. Van Sicklin		Vice-President Name Shawn Ventura			
Street Address 420 Northboro Road Central		Street Address 73 Fieldstone Drive			
City Marlboro	State MA	Zip 01752	City Coventry	State RI	
Secretary Name James L. Van Sicklin		Treasurer Name James L. Van Sicklin			
Street Address 420 Northboro Road Central		Street Address 420 Northboro Road Central			
City Marlboro	State MA	Zip 01752	City Marlboro	State MA	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James L. Van Sicklin		Director Name			
Street Address 420 Northboro Road Central		Street Address			
City Marlboro	State MA	Zip 01752	City	State	
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 10,000	CLASS/SERIES CNP	PAR VALUE \$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 Kas R. DeCarvalho			Date July 21, 2017		

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