



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	
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island ELECTRICAL CONTRACTING AND INSTALLATION WORK TITLE: 7-1.1				
5. State of Incorporation MA					
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	Zip 02816
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	Zip 01752
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	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 CLASS/SERIES PAR VALUE		
			10,000 CNP \$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:
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Website: www.sos.ri.gov