



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

Annual Report for the year: **2018**  
Corporation

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

**STAMP**

FOR  
THE DEPARTMENT OF STATE  
OF RHODE ISLAND

1. Entity ID Number <b>000133109</b>		2. Exact name of the Corporation <b>Action Energy Services, Inc.</b>			
3. Principal Office Address <b>2447 Pawtucket Avenue</b>			City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
4. NAICS Code <b>238900</b>	6. Brief description of the character of business conducted in Rhode Island <b>To Operate a painting contracting business</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Jorge M. Amaral</b>			Vice-President Name <b>Jorge M. Amaral</b>		
Street Address <b>P O Box 14158</b>			Street Address <b>P O Box 14158</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914-4158</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914-4158</b>
Secretary Name <b>Jorge M. Amaral</b>			Treasurer Name <b>Jorge M. Amaral</b>		
Street Address <b>P O Box 14158</b>			Street Address <b>P O Box 14158</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914-4158</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914-4158</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			100	Common	No Par Value
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. <b>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.</b>					
Name of Authorized Representative <b>Jorge M. Amaral</b>					Date
Signature of Authorized Representative <i>[Signature]</i>					

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

SIGN DOCUMENT HERE

**FILED**

FEB 09 2018

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