



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

Annual Report for the year: 2018
Corporation

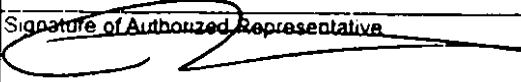
- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 20 2018

BY

53031
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1. Entity ID Number 62505		2. Exact name of the Corporation William Donahue Associates, Inc.			
3. Principal Office Address 26 Silver Spring Street			City Providence	State RI	Zip 02904
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island Electrical system design, engineering, mgt. & related services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William F. Donahue, IV			Vice-President Name		
Street Address 26 Silver Spring Street			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
Secretary Name William F. Donahue, IV			Treasurer Name William F. Donahue, IV		
Street Address 26 Silver Spring Street			Street Address 26 Silver Spring Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William F. Donahue, IV			Director Name		
Street Address 26 Silver Spring Street			Street Address		
City Providence	State RI	Zip 02904	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. 8000 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
			100	common	\$1.00
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 William F. Donahue, IV, President				Date 2/12/18	
Signature of Authorized Representative  SIGN DOCUMENT HERE					

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