



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

1. Entity ID Number 000043048		2. Exact name of the Corporation Cutler H Besser & Son, Inc.												
3. Principal Office Address 6 Maple Lane			City North Scituate	State RI	Zip 02857									
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island Electrical Contractor												
State of Incorporation Rhode Island														
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>									
President Name Richard G. Besser			Vice-President Name											
Street Address 6 Maple Lane			Street Address											
City North Scituate	State RI	Zip 02857	City	State	Zip									
Secretary Name			Treasurer Name Richard G. Besser											
Street Address			Street Address 6 Maple Lane											
City	State	Zip	City North Scituate	State RI	Zip 02857									
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		10. Shares Issued												
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>												
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>NONE</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	NONE					
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NONE														
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 Richard G. Besser					Date 02/14/18									
Signature of Authorized Representative <i>Richard Besser</i> 2/14/18														

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 272-3040