



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

**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.

RECEIVED  
 SECRETARY OF STATE DIV  
 CORPORATIONS DIV

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1. Entity ID Number 000794705		2. Exact name of the Corporation Pure Power Systems, Inc			
3. Principal Office Address 5 Marine View Plaza, Suite 301			City Hoboken	State NJ	Zip 07030
4. NAICS Code 54 <i>562998</i>		6. Brief description of the character of business conducted in Rhode Island <b>Operations and Maintenance of Solar PV Systems</b>			
5. State of Incorporation New Jersey					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Richard Ivins			Vice-President Name NONE		
Street Address 5 Marine View Plaza, Suite 301			Street Address		
City Hoboken	State NJ	Zip 07030	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Richard Ivins			Director Name NONE		
Street Address 5 Marine View Plaza, Suite 301			Street Address		
City Hoboken	State NJ	Zip 07030	City	State	Zip
Director Name NONE			Director Name NONE		
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	PAR VALUE
		100	CWP	\$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. <i>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.</i>					
Name of Authorized Representative Richard Ivins				Date 3/23/2018	
Signature of Authorized Representative <i>[Signature]</i>				<b>FILED</b>	
SIGN DOCUMENT <b>MAR 26 2018</b>					

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

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