



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2019

## Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 RI DEPT. OF STATE  
 BUSINESS SVCS.  
 2018 DEC 12 AM 10:46  
 02/27/29

1. Entity ID Number <b>000 793 621</b>		2. Exact name of the Corporation <b>Consolidated Utilities Corp.</b>							
3. Principal Office Address <b>C7 Shipway Pl.</b>		City <b>Boston</b>	State <b>MA</b>						
4. NAICS Code <b>23 890</b>	6. Brief description of the character of business conducted in Rhode Island <b>CNG Fueling Equipment Service</b>								
5. State of Incorporation <b>MA</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>Babak Alizadeh</b>		Vice-President Name							
Street Address <b>15 Buckminster Rd.</b>		Street Address							
City <b>Brookline</b>	State <b>MA</b>	Zip <b>02445</b>							
Secretary Name <b>Babak Alizadeh</b>		Treasurer Name <b>Elizabeth Alizadeh</b>							
Street Address <b>15 Buckminster Rd.</b>		Street Address <b>15 Buckminster Rd.</b>							
City <b>Brookline</b>	State <b>MA</b>	Zip <b>02445</b>	City <b>Brookline</b> State <b>MA</b> Zip <b>02445</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						
Director Name		Director Name							
Street Address		Street Address							
City	State	Zip	City						
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>C. ASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>100</b></td> <td><b>STK</b></td> <td><b>\$0.01</b></td> </tr> </tbody> </table>		NUMBER OF SHARES	C. ASS/SERIES	PAR VALUE	<b>100</b>	<b>STK</b>	<b>\$0.01</b>
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<b>100</b>	<b>STK</b>	<b>\$0.01</b>							
Changes require an additional filing.									
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 <b>Babak Alizadeh</b>		Date <b>12/12/2018</b>							
Signature of Authorized Representative <i>[Signature]</i>		SIGN DOCUMENT HERE							