



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.

**STAMP**

2018 DEC 12  
 RECEIVED  
 R.I. DEPT. OF STATE  
 BUSINESS DIVISION  
 12/12/2018  
 46

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>	City	State	Zip
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	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	C. ASS/SERIFS	PAR VALUE
	<b>100</b>	<b>STK</b>	<b>\$0.01</b>

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> <b>SIGN DOCUMENT HERE</b>	

**FILED**

**DEC 12 2018**

BY *[Signature]* **HUNE A**  
 10:48  
 FORM 630 - Revised: 10/2017