



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.

RECEIVED
 R.I. DEPT. OF STATE
 BUSINESS SERVICES DIVISION
 2018 DEC 12 AM 10:47
 02904-2615

1. Entity ID Number 000 793 621	2. Exact name of the Corporation Consolidated Utilities Corp.		
3. Principal Office Address C7 Shipway Pl.		City Boston	State MA
4. NAICS Code 23 890	6. Brief description of the character of business conducted in Rhode Island CNG Fueling Equipment Service		
5. State of Incorporation MA		Zip 02129	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Babak Alizadeh			Vice-President Name		
Street Address 15 Buckminster Rd.			Street Address		
City Brookline	State MA	Zip 02445	City	State	Zip
Secretary Name Babak Alizadeh			Treasurer Name Elizabeth Alizadeh		
Street Address 15 Buckminster Rd.			Street Address 15 Buckminster Rd.		
City Brookline	State MA	Zip 02445	City Brookline	State MA	Zip 02445

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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		500 100	STK	\$0.01

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 Babak Alizadeh		Date 12/12/2018
Signature of Authorized Representative <i>[Signature]</i>		FILED

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

DEC 12 2018
 BY *[Signature]* HUXEY
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 FORM 630 - Revised: 10/2017