



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.

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 R.I. DEPT. OF STATE  
 BUSINESS SERVICES DIVISION  
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1. Entity ID Number <b>000793621</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>23890</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 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	CLASS/SERIES
		<b>100</b>	<b>STK</b>
		PAR VALUE	<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.			
<b>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.</b>			
Name of Authorized Representative <b>Babak Alizadeh</b>		Date <b>12/12/2018</b>	
Signature of Authorized Representative <i>[Signature]</i>		<b>FILED</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

**DEC 12 2018**  
 BY *[Signature]* HUXE  
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