



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.

1. Entity ID Number 295673		2. Exact name of the Corporation Massachusetts Solar, Inc.			
3. Principal Office Address 1620 Sudbury Road, Suite 2			City Concord	State MA	Zip 01742
4. NAICS Code 23 - Construction <i>238990</i>		6. Brief description of the character of business conducted in Rhode Island Swimming pool plastering and renovation			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Kadison			Vice-President Name None		
Street Address 42 Peter Bulkeley Road			Street Address		
City Concord	State MA	Zip 01742	City	State	Zip
Secretary Name David Kadison			Treasurer Name David Kadison		
Street Address 42 Peter Bulkeley Road			Street Address 42 Peter Bulkeley Road		
City Concord	State MA	Zip 01742	City Concord	State MA	Zip 01742
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David Kadison			Director Name Christine Kadison		
Street Address 42 Peter Bulkeley Road			Street Address 42 Peter Bulkeley Road		
City Concord	State MA	Zip 01742	City Concord	State MA	Zip 01742
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		
			200		Common
					No Par Value
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 David Kadison, President					Date 12/7/2018
Signature of Authorized Representative <i>David Kadison</i> SIGN DOCUMENT HERE					

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

FILED

DEC 20 2018

BY 9309 AS

FORM 630 - Revised: 10/2016