State of Rhode Island	and Providence P	lantatione					
Department of S			Division		•	ii P	
Annual Report for the		_				RI PEC 13	
Corporation		<u> </u>	<del></del>			· · · · · ·	
<ul> <li>→ Filing period: January 1</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.0</li> </ul>		sk Clark by Aug 9 d				甚	
1. Entity ID Number <b>505165</b>		2. Exact name of the Corporation YOUNG ELECTRICAL SERVICES, INC					
. Principal Office Address			City		State	Zip	
220 HIGH STREET, REAR			TAUNTON		MAM	02780	
4. NAICS Code	6. Brief descr	iption of the chara	cter of business c	onducted in Rho	de Island	···	
238210	ELECTRICA	L SERVICES, RE	SIDENTIAL AND	COMMERICAL	•		
5. State of Incorporation						291(	
MA		SOURCE CONTRACTOR OF THE CONTR					
7. List ALL officers (names and	addresses)			Ch	eck the box to indi	cate an altachment	
President Name ROBERT A YOUNG			Vice-President Name				
Street Address 79 SOUTH MAIN ST			Street Address	3		<b>X</b> ::	
City BERKLEY	State MA	<sup>Zip</sup> 02779	City		State	Zip	
Secretary Name ROBERT A YOU	Treasurer Name ROBERT A YOUNG						
Street Address 79 SOUTH MAIN	Street Address 79 SOUTH MAIN ST						
City BERKLEY	State MA	<sup>Zip</sup> 02779	City BERKLE	ΞΥ	State MA	<sup>Zip</sup> 02779	
8. List ALL directors (names and	d addresses)	<u> </u>		Ch	eck the box to indi	cate an attachment	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	<del></del>	State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	<del></del>	State	Zip	
9. Shares Authorized		10. Shares Is	Lsued	Ch	eck the box to indic	cate an attachment	
This Information is currently of record in the Department of State. Changes require an additional filing.		NUVBER OF SHARES		CLASS/SLRIES PAR VALUE			
		15000		CNP			
			(1)''				
<ol> <li>This report must be executed trustee, this report must be executed</li> </ol>	cuted on behalf of	the corporation by	the receiver or tr	ustee.			
Under penalty of perjury, I dec statements, and that all states				ncluding any ac	companying sche	dules and	
Name of Authorized Representative					Date		
ROBERT A YOUNG					12/3/2018		

MAIL TO: **Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Signature of Authorized Representative

Phone: (401) 222-3040 Website: www.sos.ri.gov

FILED

11:02 DEC 27 2018

BY P71

FORM 630 - Revised: 10/2017