	iling Number: 20 nd and Providence Pla f State - Busine			7/2018 11:01	:00 AM		
Annual Report for the year: Corporation → Filing period: January 1 - March 1 → Filing Fee: \$50.00			RECEIVED SECRETARY OF STATE CORPORATIONS DIV 2018 DEC 27 AM II: 44				
→ Penalty: Additional \$25					Z/ AHII:) 	
1. Entity ID Number 505165		2. Exact name of the Corporation YOUNG ELECTRICAL SERVICES, INC					
3. Principal Office Address 220 HIGH STREET, REAR			City TAUNTON		State MAM	Zıp 02780	
4. NAICS Code 23 5. State of Incorporation MA			acter of business conducted in Rhode Island ESIDENTIAL AND COMMERICAL.				
7. List ALL officers (names an President Name	Check the box to indicate an attachment						
Street Address 79 SOUTH MAIN ST			Vice-President Name Street Address				
City BERKLEY	State	Zip	City		State	THE VALUE	
	MA	^{Zip} 02779	Ť				
Secretary Name ROBERT A YOUNG			Treasurer Name ROBERT A YOUNG				
Street Address 79 SOUTH MAIN ST			Street Address 79 SOUTH MAIN ST				
City BERKLEY	State MA	^{Zip} 02779	City BERKLE	Y	State MA	^{Zip} 02779	
List ALL directors (names and addresses) Director Name			Check the box to indicate an attachment Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
This information is currently of record in the					k the box to indicate an attachment PAR VALUE PAR VALUE		
		15000			CLASS/SERIES		
						<u></u> _	
11. This report must be executrustee, this report must be ex Under penalty of perjury, I is statements, and that all sta	xecuted on behalf of t declare and affirm th tements contained f	he corporation by that I have examine	the receiver or tri e <mark>d this report, ir</mark>	ustee	ompanying sched		
Name of Authorized Represe ROBERT A YOUNG	ntative				Date 17/3/2018		
Signature of Authorized Repr	esentative	42 <u></u>	= 	FIL	.ev -		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.n.gov

FORM 630 - Revised: 10/2017