



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.

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SECRETARY OF STATE
CORPORATIONS DIV

2019 MAR 26 AM 10:04

1. Entity ID Number <u>001689641</u>		2. Exact name of the Corporation <u>IHI Power Services Corp</u>			
3. Principal Office Address <u>95 Enterprise Suite 300</u>		City <u>Aliso Viejo</u>		State <u>CA</u>	Zip <u>92656</u>
4. NAICS Code <u>221118</u>	6. Brief description of the character of business conducted in Rhode Island <u>Operations and Maintenance of Power Plant</u>				
5. State of Incorporation <u>DE</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Stephen Gross</u>			Vice-President Name		
Street Address <u>95 Enterprise Suite 300</u>			Street Address		
City <u>Aliso Viejo</u>	State <u>CA</u>	Zip <u>92656</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES <u>0</u>	CLASS/SERIES <u>CWP</u>	PAR VALUE <u>\$ 0.0100</u>	
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 <u>Sorann Dowling</u>					Date <u>3/22/2019</u>
Signature of Authorized Representative 					SIGN DOCUMENT

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

MAR 26 2019

FORM 630 - Revised: 10/2017

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