



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP
 2020 JAN 28 PM 1:28

1. Entity ID Number 000133109		2. Exact name of the Corporation Action Energy Services, Inc.			
3. Principal Office Address 2447 Pawtucket Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 238900		6. Brief description of the character of business conducted in Rhode Island To Operate a painting contracting business			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jorge M. Amaral			Vice-President Name Jorge M. Amaral		
Street Address P O Box 14158			Street Address P O Box 14158		
City East Providence	State RI	Zip 02914-4158	City East Providence	State RI	Zip 02914-4158
Secretary Name Jorge M. Amaral			Treasurer Name Jorge M. Amaral		
Street Address P O Box 14158			Street Address P O Box 14158		
City East Providence	State RI	Zip 02914-4158	City East Providence	State RI	Zip 02914-4158
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 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	
		100		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 Jorge M. Amaral					Date
Signature of Authorized Representative 					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
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 BY Ch K57VI
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