State of Rhode Island
Department of State - Business Services Division

AMENDED

Annual Report for the year: 2021
Corporation

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

RI SECRETARY OF STATE
BUSINESS SERVICES DIV
2021 NOV 29 PM 12:59

1. Entity ID Number	2. Exact name of the Corporation		
001712953	Michels Utility Services, Inc		
3. Principal Office Address	**City**	**State**	**Zip**
817 Main Street	Brownsville	WI	53006
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
236210	Utility Construction Contractor		
5. State of Incorporation			
DE			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment

President Name: Peter Fojtik			Vice-President Name:		
Street Address: 817 Main Street			Street Address:		
City: Brownsville	State: WI	Zip: 53006	City:	State:	Zip:
Secretary Name: Colin Finn			Treasurer Name: Jason Kozelek		
Street Address: 817 Main Street			Street Address: 817 Main Street		
City: Brownsville	State: WI	Zip: 53006	City: Brownsville	State: WI	Zip: 53006

8. List ALL directors (names and addresses) — Check the box to indicate an attachment

Director Name: Robert C. Osborn			Director Name: David Nelson		
Street Address: 817 Main Street			Street Address: 817 Main Street		
City: Brownsville	State: WI	Zip: 53006	City: Brownsville	State: WI	Zip: 53006
Director Name: Benjamin G. Nelson			Director Name:		
Street Address: 817 Main Street			Street Address:		
City: Brownsville	State: WI	Zip: 53006	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	1.00

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	Date
Jennifer Kurz	11/23/2021

Signature of Authorized Representative

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
NOV 29 2021
BY 12:59

FORM 630 - Revised: 08/2020

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Michels Utility Services, Inc., a Corporation incorporated under the laws of the state of Delaware, does hereby appoint as attorneys-in-fact for the Corporation (the "Appointees") those individuals who are officers and/or employees of C T Corporation System ("CT") or its agents, (but only for so long as such individuals remain officers and/or employees of CT or an affiliate thereof), to act for the Corporation and in the Corporation's name for the limited purposes authorized herein

The Corporation, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change – add, update, remove - officer, director, manager, and/or members for the Corporation in any state, as directed and authorized by the Corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, the Appointees shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 9th date of November, 2021

Michels Utility Services, Inc.
A Delaware Corporation

By: _____
Name: Peter Fojtik
Title: President

State of Wisconsin
County of Dodge

On November 9, 2021, before me, the undersigned, a Notary Public in and for said State, personally appeared Peter Fojtik, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

_____
Emily Whyms, Notary Public

EMILY WHYMS
NOTARY
PUBLIC
STATE OF WISCONSIN

State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

November 29, 2021 12:59 PM

Nellie M. Gorbea
Secretary of State