



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.

2021 NOV 29 PM 12:59

1. Entity ID Number 001712953		2. Exact name of the Corporation Michels Utility Services, Inc			
3. Principal Office Address 817 Main Street			City Brownsville	State WI	Zip 53006
4. NAICS Code 236210	6. Brief description of the character of business conducted in Rhode Island 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 Kozelck		
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		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		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 Jennifer Kurz				Date 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 Ch 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

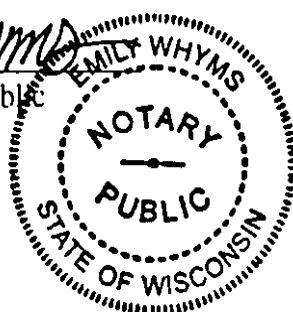
Title: President

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
Emily Whyms, Notary Public





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

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

