



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RI005 BSD
24 APR 17 PM 2:23:14

1. Entity ID Number 000133109		2. Exact name of the Corporation Action Energy Services, Inc.				
3. Principal Office Address 2447 Pawtucket Ave			City East Providence		State RI	Zip 02914-4158
3. NAICS Code 238900		4. Brief description of the character of business conducted in Rhode Island Paint Contractor				
5. State of Incorporation R						
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
President Name Jorge Amaral			Vice-President Name Jorge Amaral			
Street Address PO Box 14158			Street Address PO Box 14158			
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914	
Secretary Name Jorge Amaral			Treasurer Name Jorge Amaral			
Street Address PO Box 14158			Street Address PO Box 14158			
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914	
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 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.			10. Shares Issued		CLASS/SERIES	PAR VALUE
			NUMBER OF SHARES			
			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 Amaral					Date 4-2-24	
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

BY

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