

State of Rhode Island

Department of State - Business Services Division

RI SOS Filing Number: 202567524900 Date: 3/18/2025 4:00:00 PM

FILED

Annual Report for the year: 2025				MAR 1 8 2025			
→ Filing period: February 1 - May 1				$\mathbf{B}\mathbf{Y} \cup \mathbf{Y} \cup \mathbf{Y} \cup \mathbf{Y}$			
→ Filing Fee: \$50.00					$\overline{}$	$T \sim$	
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.							
Entity ID Number	2 Exact name of	the Corporation					
001683143 MESA ASSOCIATES, INC.							
3. Principal Office Address					Sta	I '	
480 PRODUCTION AVE			MADIS	SON	AI	35758	
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island							
541330							
5. State of Incorporation							
AL	UTILITIES						
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
				Vice-President Name			
R. C. SAVANT							
Street Address			Street Address				
	228 VERANDA DRIVE						
City		Zip	City		State	Zip	
MADISON	AL	<u> 35758</u>	<del></del>			<u> </u>	
Secretary Name Treasurer Name							
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
8. List ALL directors (names and addresses)  Check the box to indicate an attachment							
Director Name Di				Director Name			
Street Address			Street Address				
City	State	Zip	City	City		Zıp	
Director Name				Director Name			
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
		10. Shares Issued	d Check the box to indicate an attachment				
This information is currently of record in the		NUMBER OF S	NUMBER OF SHARES CLAS		SERIES PAR VALUE		
Department of State.		100	1000				
Changes require an additional filing.							
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 3/11/25							
Signature of Authorized Representative R.C. SAVANT							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri.gov