

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 821510

FILED
Apr 09, 2011
Secretary of State

Entity Name: RILEY POWER INC.

Current Principal Place of Business:

5 NEPONSET ST.
WORCESTER, MA 01606

New Principal Place of Business:

Current Mailing Address:

5 NEPONSET ST.
WORCESTER, MA 01606

New Mailing Address:

FEI Number: 04-1774910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPSD
Name: FERGUSON, WILLIAM J JR
Address: 5 NEPONSET ST.
City-St-Zip: WORCESTER, MA 01606 US

Title: PVP
Name: KOKKINOS, ANGELOS
Address: 5 NEPONSET ST.
City-St-Zip: WORCESTER, MA 01606 US

Title: DIR
Name: LECLAIR, MICHAEL D
Address: 5 NEPONSET ST.
City-St-Zip: WORCESTER, MA 01606 US

Title: VPT
Name: BRANDANO, ANTHONY A
Address: 5 NEPONSET ST.
City-St-Zip: WORCESTER, MA 01606 US

Title: VP
Name: KELLY, MICHAEL
Address: 5 NEPONSET ST.
City-St-Zip: WORCESTER, MA 01606 US

Title: DVP
Name: MASON, EARL B
Address: 5 NEPONSET ST.
City-St-Zip: WORCESTER, MA 01606 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAURA LOUIS

POA

04/09/2011

Electronic Signature of Signing Officer or Director

Date