

1.) CORPORATION NAME:

**World Energy Solutions, Inc.**

DUE DATE: **8/31/2011**

SCC ID NO: **F1679655**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**NATIONAL REGISTERED AGENTS INC**

**4001 North Ninth Street, Suite 227**

**ARLINGTON, VA 22203**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	30,000,000
PREFER	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 446 MAIN STREET

CITY/ST/ZIP: WORCESTER, MA 01608-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: PHIL ADAMS  
TITLE: PRESIDENT  
ADDRESS: 446 MAIN STREET  
CITY/ST/ZIP/CO: WORCESTER, MA 01608-

OFFICER

DIRECTOR

NAME: JAMES PARSLOW  
TITLE: SECRETARY  
ADDRESS: 446 MAIN STREET  
CITY/ST/ZIP/CO: WORCESTER, MA 01608-

OFFICER

DIRECTOR

NAME: JAMES PARSLOW  
TITLE: TREASURER  
ADDRESS: 446 MAIN STREET  
CITY/ST/ZIP/CO: WORCESTER, MA 01608-

OFFICER

DIRECTOR

NAME: RICHARD DOMALESKI  
TITLE: CEO  
ADDRESS: 446 MAIN STREET  
CITY/ST/ZIP/CO: WORCESTER, MA 01608-

OFFICER

DIRECTOR

NAME: PATRICK BISCHOFF  
TITLE: DIRECTOR  
ADDRESS: 446 MAIN STREET  
CITY/ST/ZIP/CO: WORCESTER, MA 01608-

OFFICER

DIRECTOR

NAME: EDWARD LIBBEY TITLE: DIRECTOR ADDRESS: 446 MAIN STREET CITY/ST/ZIP/CO: WORCESTER, MA 01608-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	----------------------------------	--

NAME: JOHN WELLARD TITLE: DIRECTOR ADDRESS: 446 MAIN STREET CITY/ST/ZIP/CO: WORCESTER, MA 01608-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

NAME: THAD WOLFE TITLE: DIRECTOR ADDRESS: 446 MAIN STREET CITY/ST/ZIP/CO: WORCESTER, MA 01608-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

NAME: JAMES PARSLOW TITLE: CFO ADDRESS: 446 MAIN STREET CITY/ST/ZIP/CO: WORCESTER, MA 01668-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
---	---	-----------------------------------

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JAMES PARSLOW	JAMES PARSLOW, SECRETARY	8/26/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.