

1.) CORPORATION NAME:

**World Energy Solutions, Inc.**

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **F1679655**

**GLEN ALLEN, VA**

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 FRONT STREET  
20TH FLOOR

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:	PHILIP V ADAMS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT/CEO		
ADDRESS:	100 FRONT STREET		
	20TH FLOOR		
CITY/ST/ZIP/CO:	WORCESTER, MA 01608		

NAME:	JAMES PARSLOW	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREAS / CFO		
ADDRESS:	100 FRONT STREET		
	20TH FLOOR		
CITY/ST/ZIP/CO:	WORCESTER, MA 01608		

NAME:	JAMES PARSLOW	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	100 FRONT STREET		
	20TH FLOOR		
CITY/ST/ZIP/CO:	WORCESTER, MA 01608		

NAME:	RALPH SHERIDAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 FRONT STREET		
	20TH FLOOR		
CITY/ST/ZIP/CO:	WORCESTER, MA 01608		

NAME:	EDWARD LIBBEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 FRONT STREET		
	20TH FLOOR		
CITY/ST/ZIP/CO:	WORCESTER, MA 01608		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN WELLARD DIRECTOR 100 FRONT STREET 20TH FLOOR WORCESTER, MA 01608	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THAD WOLFE DIRECTOR 100 FRONT STREET 20TH FLOOR WORCESTER, MA 01608	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTHA DANLY COO 100 FRONT STREET 20TH FLOOR WORCESTER, MA 01608	<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, TREAS / CFO	8/16/2013	
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.			