



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

2013

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>485138</b>		2. Exact name of the Corporation <b>Superior Five Electrical Services LTD.</b>			
3. Principal office address <b>53 Sampson Ave.</b>			City <b>N. Providence</b>	State <b>RI</b>	Zip <b>02911</b>
4. Business Phone No. <b>401-742-6243</b>			5. State of Incorporation <b>RI</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Electrical, Fire Alarm, CCTV and Security Installers.</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name <b>Scott M. Casto</b>			Vice-President Name		
Street Address <b>53 Sampson Ave.</b>			Street Address		
City <b>N. Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <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
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
0					

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 SECRETARY OF STATE  
 CORPORATIONS DIV.

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.

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

**FILED**

MAR 05 2013

BY **191803**

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.

**Scott M. Casto** 03-04-2013  
 Signature of Authorized Representative Date  
**Scott M. Casto**  
 Print or Type Name of Authorized Representative