

2. Name of Corporation

1. Corporate ID No.

126328

Matthew A. Brown, Secretary of State Corporations Division 148 W. River St.

Providence, RI 02904-2615 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_

NORTH SCITUATE ELECTRIC, INC.

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\*

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1415 Chopmist Hill Road			North Scituate	RI	02857
Business Phone No. 5. State of Incorporation RHODE ISLAND					<u> </u>
6. Brief Description of the Character of TO ENGAGE IN THE BUSIN 7. NAMES AND ADDRESSES OF President Name David W. Roy	IESS OF AN ELEC	TRICAL CONTRACTO	OR AND/OR SUBCONTRACT( CHMENT)   FILL IN SPACES Vice President Name David W. Roy		
Street Address 1415 Chopmist Hill Road			Street Address 1415 Chopmist Hill Road		
North Scituate Secretary Name	State RI	Zip 02857	Cuy North Scituate Treasurer Name Dovid W. Boy	State RI	<sup>2ip</sup> 02857
David W. Roy  Street Address  1415 Chopmist Hill Road			David W. Roy  Street Address  1415 Chopmist Hill Road		
Сиу North Scituate	State RI	<sup>Zip</sup> 02857	Cuy North Scituate	State RI	<sup>Zip</sup> 02857
Director Name David W. Roy	OF THE DIRECTOR	5: ("X" BOX FOR ATT	ACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name		
Street Address 1415 Chopmist Hill Road			Street Address		
	State RI	<i>Zip</i> 02857	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
<i>CH</i> (ν	State	Zip	СНу	State	Zip
9. SHARES AUTHORIZED (	X" BOX FOR ATTAC	CHMENT)	: 10, SHARES ISSUED ("X"   ISSUED SHARES	I BOX FOR ATTACHME	NT) [
Number of Shares (	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 \$1.00 PAR VALUE			1,000 \$1.00 PAR VALUE		
This report must be executed of	on behalf of the core	poration by an authorize	d representative. If the corpora	tion is in the hands of	a receiver or trustee
this report must be executed o				aron is in the hunds of	a receiver of trastee,
File Date FILED  Check No.  NOV 2 8 2007  By:  By:  Sy FON SECRETARY OF STA	27 TE USE ONLY		including any accompany contained herein are true  Signature  David W. Roy  Print or Type Name  President	I declare and affirm that I ing schedules and statement of the contract.	
			Title	<del></del>	Form 630 Rev. 12/05