

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT- CORPORATION ANNUAL REPORT FOR THE YEAR 2008 401.222.

Filing Period: January 1 · March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* 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 transmitted by

100 (101.0.L. 7-2,2-2)01(COU)) E	s subject to a penalty f	ec of \$25.00.	g to fue us annual report within	tbirty (30) days after th	e time prescribed by
1. Corporate 1D No. 146734	2. Name of Corporation HOR120	N Electri	CAL CONTRAC	TING INC	•
3. Street Address Principal Business C. 2.2. SO 4. Business Phone No.	UTH MA	in ST.	CAL CONTRAC	State /	^{Zφ} 02 903
4. Business Prione No. 401 - 683 - 45 6. Brief Description of the Character of					
ELECTRI	LAI LO	NTRACTIN	16		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name (VSSeu J BALL			Vice President Name		
Street Address POBOX 31			Street Address		
SWAMSEA	State MA	^{Zφ} 02777	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Ζip	Сиу	State	Zψ
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTORS	: ("X" BOX FOR ATT	ACHMENT) FILL IN SPACE Director Name	 CES BEFORE USING AT	 TACHMENTS
Street Address			Street Address		
City	State	Zip	Сиу	State	Zip
Director Name			Director Name	-	
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares (Class/Series 1	Par Value	Number of Shares	Class/Series	Par Vahse
1000	NOPAR	VALUE	0	O	0
This report must be executed or this report must be executed or	on behalf of the corpor	ration by an authorized ration by the receiver or	representative. If the corporal trustee.	tion is in the hands of a	receiver or trustee,

File Date	FILED
Check No By: By	MAR 1 3 2008 DS 1880
Fi	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement
contained herein are true and correct.
SUSSELL J. BALL
Signapline Date Date
Print or Type Name
Printer Type Name Resident
Title
Form 630 Rev. 12/06