

FOR SECRETARY OF STATE USE ONLY

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

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 prescribed by

law (R.I.G.L. 7-1.2-1501(c&d)	) is subject to a pen	alty fee of \$25.00.				
1. Corporate ID No. 66818	2. Name of Corpo	2. Name of Corporation Canal Electric, Inc.				
3. Street Address Principal Business Office 7 Pezzullo Street			City: Johnston	State RI	7/p 02919	
			of Incorporation DDE ISLAND			
6. Brief Description of the Charact Engage in the electrical of	contracting and su	pply business and				
7. NAMES AND ADDRESS President Name	ES OF THE OFFIC	ERS: ("X" BOX F	OR ATTACHMENT)   FILL IN   Vice President Name	SPACES BEFORE USING	ATTACHMENTS	
Victoria Dworkin			Bernard Renzi	Bernard Renzi		
Street Address 7 Pezzullo Street			Street Address 7 Pezzullo Street	7 Pezzullo Street		
<sub>City</sub> Johnston	State RI	<sup>Ζφ</sup> 02919	Gity Johnston	State RI	<sup>zip</sup> 02919	
Secretary Name Victoria Dworkin	1		Treasurer Name Victoria Dworkin			
Street Address			Street Address	• • • • • • • • • • • • • • • • • • •		
7 Pezzullo Street			7 Pezzullo Street	7 Pezzullo Street		
City Johnston	State RI	<sup>Zip</sup> 02919	<i>cuy</i> Johnston	RI	02919	
3. NAMES AND ADDRESSI	ES OF THE DIREC	TORS: ("X" BOX	FOR ATTACHMENT) [ FILL IN	SPACES BEFORE USING	G ATTACHMENTS	
Director Name			Director Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip 🛬	
Director Name			Director Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Street Address			Street Address	Street Address		
City	State	Ζip	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/Scries	Par Value	Number of Shares	Class/Series	Par Value	
1,000 No Par Value			100	Common	No Par	
this report must be executed	ed on behalf of the	corporation by an corporation by the	Under penalty of p	erjury, I declare and affirm the manning schedules and star	s of a receiver or trustee,  that I have examined this report tements, and that all statements	
File Date JUL <b>0</b> 1 7	<b>շ</b> ո <b>ոջ</b>		Signature	Emer ( CC	Date	
Check No.	ZUUU	· · · · · · · · · · · · · · · · · · ·	w .	Victoria Dworkin		
24 6/22	787		Print or Type Name	7 NH		

President

Title