



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2009

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 penalty fee of \$25.00.

1. Corporate ID No. 130189		2. Name of Corporation Atlantic Electric, Inc.			
3. Street Address Principal Business Office 5 Etelvina Court			City Bristol	State RI	Zip 02809
4. Business Phone No. 401-254-1465		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To design, manufacture, install, remove, repair, inspect, buy, sell, handle and deal in machinery, appliance, accessories, equipment, supplies and materials of all kinds.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Lawrence E. Hicks, Jr.			Vice President Name Craig LeBlanc		
Street Address 5 Etelvina Court			Street Address 50 Campbell Street		
City Bristol	State RIs	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Lawrence E. Hicks, Jr.			Treasurer Name Craig LeBlanc		
Street Address 5 Etelvina Court			Street Address 50 Campbell Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Lawrence E. Hicks, Jr.			Director Name Craig LeBlanc		
Street Address 5 Etelvina Court			Street Address 50 Campbell Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000	No Par Value		1,000	Common	No Par

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.

FILED	
File Date	JAN 15 2009
Check No.	
By:	<u>[Signature]</u>
FOR 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 statements contained herein are true and correct.

[Signature] 1/13/09
Signature Date
Lawrence E. Hicks, Jr.
Print or Type Name
President
Title