



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. 34972		2. Name of Corporation Shamrock Electric, Inc.					
3. Street Address Principal Business Office 800 Aquidneck Ave		City Middletown	State RI	Zip 02842			
4. Business Phone No. (401) 846-6052		5. State of Incorporation RI					
6. Brief Description of the Character of Business Conducted in Rhode Island Electrical contractor							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name Gerald C Borges		Vice President Name Gerald C Borges					
Street Address 800 Aquidneck Ave		Street Address 800 Aquidneck Ave					
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842		
Secretary Name Gerald C Borges		Treasurer Name Gerald C Borges					
Street Address 800 Aquidneck Ave		Street Address 800 Aquidneck Ave					
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name none		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		
9. SHARES AUTHORIZED					10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.					ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
					Number of Shares none	Class/Series	Par Value
					THIS SECTION MUST BE COMPLETED		

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.

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 Gerald C Borges Date 1/15/09
Print or Type Name
President
Title

File Date 1-15-09
Check No. 21692
By: mmc
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