

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

401.222.30

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(e&d)) is white the second of the second

subject to a penalty fee of \$25.00.						
1. Corporate ID No. 39878	2. Name of Corporation BLACKSTONE S	UPPLY CO.				
3. Street Address Principal Business Office 100 Whipple Street			City Providence	State RI	^{Zip} 02908	
4. Business Phone No. 5. State of Incorporation Rhode Island						
6. Brief Description of the Character of Wholesale Electirc and Plum		ode Island				
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	$CHMENT) \ \square \ $ FILL IN SPACE	ES BEFORE USING ATT	ACHMENTS	
President Name			Vice President Name			
George H. Hebert			Alfred J. Desrochers			
Street Address 217 Rolling Hill Road, Unit 56			Street Address 40 Pine Hill Avenue			
City	State	Zip	City	State	Zip	
Portsmouth	RI	02871	Johnston	RI	02919	
Secretary Name Paul A. Anderson			Treasurer Name George H. Hebert			
Street Address			Street Address			
1300 Ives Road			217 Rolling Hill Road, Unit 56			
City East Greenwich	State RI	^{Zip} 02818	City Portsmouth	State RI	^{Zip} 02871	
8. NAMES AND ADDRESSES	OF THE DIRECTORS	: ("X" BOX FOR ATT	ACHMENT) 📋 FILL IN SPA	ACES BEFORE USING AT	"TACHMENTS	
Director Name			Director Name			
Paul A. Anderson			Alfred J. Desrochers			
Street Address			Street Address			
1300 Ives Road			40 Pine Hill Avenue			
City	State	Zip	City	State	Zip	
East Greenwich	RI	02818	Johnston	RI	02919	
Director Name Alfred J. Desrochers			Director Name			
Street Address			Street Address			
40 Pine Hill Avenue						
City Johnston	State RI	^{Zip} 02919	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
			ISSUED SHARES — THIS SECTION	N <u>MUST</u> BE COMPLETED		
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.			Number of Shares	Class/Series	Par Value	
			1654	common	no par value	
This report must be executed of this report must be executed of	•	•	-	ration is in the hands of a	a receiver or trustee,	

FILED	
JAN 1 6 2009	——
By SECRETARY OF STATE LISE ONLY	

Under penalty of perjury, I declare and affinincluding any accompanying schedules and	
contained herein are true and correct	12/24/08
Signature /	Date
GEORGIE H.	HIED RIRT
Print or Type Name	
Title	Form 630 Rev. 08/08