



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. 486236		2. Name of Corporation ELM ELECTRICAL, INC			
3. Street Address Principal Business Office 68 UNION ST			City WESTFIELD	State MA	Zip 01085
4. Business Phone No. 413-568-0905		5. State of Incorporation MA			
6. Brief Description of the Character of Business Conducted in Rhode Island WE PROVIDE A FULL RANGE OF ELECTRICAL AND SYSTEM INTEGRATION SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBERT BACON			Vice President Name KEITH SALTMARSH		
Street Address 20 HAWTHORNE TERRACE			Street Address 35 EAST GLEN DR		
City FLORENCE	State MA	Zip 01062	City WESTFIELD	State MA	Zip 01085
Secretary Name PAUL ASSELIN			Treasurer Name ROBERT J BACON		
Street Address 22 ROCKYBROOK DR			Street Address 20 HAWTHORNE TERRACE		
City RUSSELL	State MA	Zip 01071	City FLORENCE	State MA	Zip 01062
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ROBERT J BACON			Director Name		
Street Address 20 HAWTHORNE TERRACE			Street Address		
City FLORENCE	State MA	Zip 01062	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) <input type="checkbox"/>		
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	Class/Series	Par Value
			100	-	0.00

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.

File Date **FILED**
Check No. **JAN 20 2009**
By: **22170**
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 *Keith Saltmarsh* Date **1-15-09**
KEITH SALTMARSH
Print or Type Name
VICE PRESIDENT
Title