



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
401.222.3010

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. 63971		2. Name of Corporation INDUSTRIAL ELECTRIC CO.			
3. Street Address Principal Business Office ONE GARDNER AVENUE			City CRANSTON	State RI	Zip 02910
4. Business Phone No. (401) 781-9366		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island SALES, SERVICE AND INSTALLATION OF ELECTRICAL PRODUCTS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBERT N. CHATTERLY, JR.			Vice President Name RICHARD PATEFIELD		
Street Address ONE GARDNER AVENUE			Street Address ONE GARDNER AVENUE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
Secretary Name ROBERT N. CHATTERLY, JR.			Treasurer Name RICHARD PATEFIELD		
Street Address ONE GARDNER AVENUE			Street Address ONE GARDNER AVENUE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8000	COMMON	NO PAR	415	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.

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 _____ Date 1/9/09

ROBERT N. CHATTERLY, JR.

Print or Type Name

PRESIDENT

Title

File Date	FILED
Check No.	JAN 21 2009
By:	By [Signature]
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