

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

[Illing Period: January 1 - March 1 • Filling 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. 7-1.2-150).

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1. Corporate ID No. 6498 De Franci Elec. Co., INC.					
3. Street Address Principal Business	RD		FOSTER	State R. L.	02825
4. Business Phone No. 4/7-1	5. State of Incorporation				
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name					
Leon De TRANCO			Vice President Name LCONDE FRANCU		
Street Address KING RD			Street Address KING RD		
FOSTER State R. 1. Zip 02825			City	State	(12825
LEON DEFRANCO			Treasurer Name LCIN DEFRANCU		
Street Address GKINGPRD			Street Address GKINI & RD		
FOSTER	State R. 1.	Zip 0 3825	FOSTER	State R	24 62835
8. NAMES AND ADDRESSES Director Name		RS: ("X" BOX FOR AT	CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
Street Address			Street Address		
СЦу	State	Zip	Ctty	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Ζip	СИ,	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST 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
			600	Common	ILO PAR
GOO COMM NO PAR VALUE					
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.					
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			Under penalty of perior	ry, I declare and affirm that I	housewiseldi
1 07		including any accompa contained herein are tru	mying schedules and stateme	ents, and that all statements	
File Date 1-21-09			- Lindi Transo		
Check No			Signature Date 1/5/09		
By: MNC			Prati or Type Name	A-	1 olas
FOR SECRETARY OF STAT	TE USE ONLY		Title	EFPANCU_	1/2/09