



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 02904-261
401.222.304

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. 146053	2. Name of Corporation DK POWER, INC.		
3. Street Address Principal Business Office 224 MANOMET POINT ROAD	City PLYMOUTH	State MA	Zip 02360
4. Business Phone No. (410)265-2930	5. State of Incorporation RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island
ELECTRICAL CONTRACTORS

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name DAVID M. GLAUDE			Vice President Name KEVIN R. GLAUDE		
Street Address 224 MANOMET POINT ROAD			Street Address 3 THRUSH AVENUE		
City PLYMOUTH	State MA	Zip 02360	City PLYMOUTH	State MA	Zip 02360
Secretary Name KEVIN R. GLAUDE			Treasurer Name KEVIN R. GLAUDE		
Street Address 3 THRUSH AVENUE			Street Address 3 THRUSH AVENUE		
City PLYMOUTH	State MA	Zip 02360	City PLYMOUTH	State MA	Zip 02360

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name DAVID M. GLAUDE			Director Name KEVIN R. GLAUDE		
Street Address 224 MANOMET POINT ROAD			Street Address 3 THRUSH AVENUE		
City PLYMOUTH	State MA	Zip 02360	City PLYMOUTH	State MA	Zip 02360
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION **MUST** BE COMPLETED

Number of Shares	Class/Series	Par Value
1500	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.

File Date 2-12-09
Check No. 928
By: MNC

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 David M. Glaude Date 2/10/09

Print or Type Name
DAVID M. GLAUDE

Title
PRESIDENT