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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.	2. Name of Corporation			
118315	A/COE ELECTRIC CORP.			
3. Street Address Principal Business Office		City	State	Zip
695 LITLETON Road		Parsippany	NJ	07054
4. Business Phone No.	5. State of Incorporation			
973-334-0045	NEW Jersey			

6. Brief Description of the Character of Business Conducted in Rhode Island
To Provide Telecommunication Service Work

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

President Name			Vice President Name		
SCOTT J. LEFEBVRE					
Street Address			Street Address		
407 Vail Road					
City	State	Zip	City	State	Zip
Parrsipany	NJ	07054			
Secretary Name			Treasurer Name		
Bettie LeFebvre			SUZANNE LeFebvRE		
Street Address			Street Address		
18 Windjammer LANE			407 Vail Rd		
City	State	Zip	City	State	Zip
Mt. Arlington	NJ	07856	Parsippany	NJ	07054

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

Director Name			Director Name		
NONE					
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
100 NO PAR VALUE	NONE	NONE	100	NONE	NONE

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.

[redacted] [redacted]

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.

Bettie LeFebvre — 1/5/09
Signature *Date*

BETTIE LEFEBVRE
Print or Type Name

[redacted] SECRETARY / TREASURER
Title

File Date 2-12-09
Check No. 21099
By: MNC

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31192-50-347362

Form 630 Rev. 12/06