

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2009 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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 86196 MAC ELECTRIC & CONSTRUCTION, INC. 3. Street Address Principal Business Office 5. State of Incorporation RHODE ISLAND 6. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE ELECTRICAL AND MISCELLANEOUS CONSTRUCTION SERVICE. 7. NAMES AND ADDRESSES OF THE OFFICERS; ("X" BOX FOR ATTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name Street Address Street Addi City State Zip Treasurer Name Secretary Name Street Address Street Address Ζip City State ZipCity 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address Ζip State City State Zip City Director Name Director Name Street Address Street Address State Ζip City City State Zip 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 9. SHARES AUTHORIZED ISSUED SHARES — THIS SECTION MUST BE COMPLETED Par Value Number of Shares Class/Series This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of りのわく 100 COMMON instruction sheet. 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. Signatur Print or Type Name FOR SECRETARY OF STATE USE ONLY Title Form 630 Rev. 08/08