

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.<br>42561   |                       | 2. Name of Corporation STANTON ELECTRIC, INC                      |  |   |                           |  |
| 3. Street Address Principal Business Office 79 HINES ROAD  |                       |   | CUMBERLAND   | State<br>RI   | 2ip<br>02864              |  |
| 4. Business Phone No.<br>401-640-6596  |                       | 5. State of Incorporation RHODE ISLAND                            |  |   |                           |  |
| 6. Brief Description of the Chara<br>ELECTRICAL SUBCON   |                       | ted in Rhode Island<br>RESIDENTIAL AND COMME                      | ERICAL PROPERTIES  |   | -                         |  |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC<br>President Name<br>ROBERT STANTON   |                       |   | CHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  ROBERT STANTON |   |                           |  |
| Street Address 79 HINES ROAD   |                       |   | Street Address 79 HINES ROAD   |   |                           |  |
| CUMBERLAND   | State<br>RI           | <sup>Zip</sup><br>02864   | CUMBERLAND   | State<br>RI   | <sup>Zip</sup><br>02864   |  |
| Secretary Name<br>ROBERT STANTON   |                       |   | Treasurer Name ROBERT STANTON  |   |                           |  |
| Street Address 79 HINES ROAD   |                       |   | Street Address 79 HINES ROAD   |   |                           |  |
| CUMBERLAND   | State<br>RI           | <sup>Zip</sup> 02864  | City<br>CUMBERLAND   | State<br>RI   | <sup>Zip</sup> 02864      |  |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name ROBERT STANTON   |                       |   | ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Director Name                        |   |                           |  |
| Street Address 79 HINES ROAD   |                       |   | Street Address   |   |                           |  |
| CUMBERLAND   | State<br>RI           | 24)<br>02864  | City   | State<br>RI   | Zip<br>,                  |  |
| Director Name  |                       |   | Director Name  |   |                           |  |
| Street Address   |                       |   | Street Address   |   |                           |  |
| City   | State                 | Zip   | Спу  | State   | Záp                       |  |
| 9. SHARES AUTHORIZE  | D '                   | <b>'</b>  |  | <br><i>("X" BOX FOR ATTACE</i><br>TION <u>MUST</u> BE COMPLETED | IMENT)                    |  |
| 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                 |  |
|  |                       |   | 1000   |   | NO PAR VALUE              |  |
|  |                       |   | 100  | COMMON  | NO PAR                    |  |
| This report must be executhis report must be executive.  | uted on behalf of the | he corporation by an authorize<br>the corporation by the receiver | ed representative. If the coor trustee.  | orporation is in the hands                                      | of a receiver or trustee. |  |

| File Date | FILED                           |  |  |  |  |
|-----------|---------------------------------|--|--|--|--|
| Check No  | FEB 25 2009                     |  |  |  |  |
| By AO     |                                 |  |  |  |  |
|           | FOR SECRETARY OF STATE USE ONLY |  |  |  |  |

| Under penalty of perjury, I declare and affirm the including any accompanying schedules and state. |          |
|--|----------|
| contained lerein are true and correct.   | 02/22/59 |
| ignanire   | Date     |
| Robert R. STANDIN  |          |
| Print or Type Name   |          |
| TLC5.  |          |
| Tule   |          |

Form 630 Rev. 08/08