

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. 42561		2. Name of Corporation STANTON ELECTRIC, INC				
3. Street Address Principal Business Office 79 HINES ROAD			CUMBERLAND	State RI	2ip 02864	
4. Business Phone No. 401-640-6596		5. State of Incorporation RHODE ISLAND				
6. Brief Description of the Charac ELECTRICAL SUBCON		ted in Rhode Island RESIDENTIAL AND COMME	ERICAL PROPERTIES		-	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name ROBERT STANTON			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  ROBERT STANTON			
Street Address 79 HINES ROAD			Street Address 79 HINES ROAD			
CUMBERLAND	State RI	02864	CUMBERLAND	State RI	<sup>Zip</sup> 02864	
Secretary Name ROBERT STANTON			Treasurer Name ROBERT STANTON			
Street Address 79 HINES ROAD			Street Address 79 HINES ROAD			
CUN CUMBERLAND	State RI	<sup>Zip</sup> 02864	CUMBERLAND	State 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			
Guy CUMBERLAND	State RI	24) 02864	City	State RI	Zip ,	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	Спу	State	Záp	
9. SHARES AUTHORIZE	D '	· · · · · · · · · · · · · · · · · · ·		 <i>("X" BOX FOR ATTACH</i> 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 execu	uted on behalf of the	he corporation by an authorized 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.	02/22/19
ignanire	Date
Robert R. STAUDIN	
Print or Type Name	
T1.65.	
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Form 630 Rev. 08/08