

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

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)) l.	s subject to a penalty f	ee of \$25.00.		_	-	
1. Corporate ID No. 7793		2. Name of Corporation Marshall Electric Company				
3. Street Address Principal Business Office 200 Broad Street			City Providence	State RI	^{Zip} 02903	
4. Bustness Phone No. 401-331-1166	••	5. State of Incorporation Rhode Island				
6. Brief Description of the Character Sales and repair of electric	al appliances					
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) [FILL IN SP	ACES BEFORE USING	ATTACHMENTS	
President Name David Tagta (Acet Transpurer)			Vice President Name			
David Testa (Asst. Treasurer) Sireet Address			Derek Testa (Asst. Treasurer)			
85 Rosemary Road			Sirvet Address 235 Morgan Ave #6			
No. Attleboro	Sinte MA	Ζώρ 02760	city Johnston	State RI	^{Ζφ} 02919	
Secretary Name Mary Louise Soares			Treasurer Name Mary Louise Soares			
Street Address 396 Prospect Street			Street Address 396 Prospect Street			
Somerset	State MA	<i>շւր</i> 02726	City Somerset	State MA	Ζψ 02726	
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) 📋 FILL IN S	SPACES BEFORE USIN	G ATTACHMENTS	
Director Name			Director Name			
Aldo Testa (Chairman), & Barbara Testa			Mary Louise Soares			
12 Sweet Corn Drive			Street Address 396 Prospect-Street			
Cranston	State RI	<i>др</i> 02921	City Somerset	State MA	21p 02726	
Director Name	· <i>K</i> .::		Director Name	T. M.	102120	
David Testa			Derek Testa			
Street Address 85 Rosemary Road			Street Address 235 Morgan Ave #6			
City	State	Zip	City	State	Zip	
No. Attleboro	MA	02760	Johnston	RI	02919	
9. SHARES AUTHORIZED ("X" BOX FOR ATTA	CHMENT) 🗌		"X" BOX FOR ATTACI	IMENT)	
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
5000	Common	\$1	175	Common	175	
This report must be executed this report must be executed	on behalf of the corp	poration by an authorize pration by the receiver c	d representative. If the court trustee.	rporation is in the hand	s of a receiver or trustee,	

FILED	_
File Dai FEB 2 6 2009	.
Check No	
Ву:	.
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm including any accompanying schedules and st	
contained herein are true and correct.	1 1
David deh	2/25/09
Signature	Date
DAVID Testa	
Print or Type Name	
Tresident	
Title	Form 630 Rev. 12/06