State of Rhode Island
and Providence Plantation
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:** $?0.00* • **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 ninety (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(a)(d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No: 159977	2. Name of Corporation: LIGHTNING ELECTRIC, INC			
3. Street Address Principal Business Office: 917 WILLETT AVENUE		City: RIVERSIDE	State: RI	Zip: 02915
4. Business Phone No: 401-433-5630	5. State of Incorporation: R			
6. Brief Description of the Character of Business Conducted in Rhode Island: ELECTRICAL CONTRACTOR				

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

President Name: DANIEL SULLIVAN			Vice President Name: LORI SULLIVAN		
Street Address: 917 WILLETT AVENUE			Street Address: 917 WILLETT AVENUE		
City: RIVERSIDE	State: RI	Zip: 02915	City: RIVERSIDE	State: RI	Zip: 02915
Secretary Name: DANIEL SULLIVAN			Treasurer Name: LORI SULLIVAN		
Street Address: 917 WILLETT AVENUE			Street Address: 917 WILLETT AVENUE		
City: RIVERSIDE	State: RI	Zip: 02915	City: RIVERSIDE	State: RI	Zip: 02915

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

Director Name: SAME AS ABOVE			Director Name: SAME AS ABOVE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. SHARES AUTHORIZED 100

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.

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

ISSUED SHARES -- THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR

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.

Lori Sullivan — 2-27-09
Signature — Date

LORI SULLIVAN
Print or Type Name

VICE PRESIDENT
Title

File Date: FILED
Check No.:
MAR 02 2009
By: 24/70
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08

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