

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

401.222.30

Filling Period: January 1 - March 1 • Filling 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	0.			us usur me inne preserioea os u	tw (R.I.O.L. /-1.2-1)01(tOu)) B	
1. Corporate ID No. 89966	2. Name of Corporal Rapid Electric	Inc				
3. Street Address Principal Busi. 2 Starline Way	nesy Office ELLEI	J LANE	City Cranston	State RI	<i>Zip</i> 02921	
(401) 943-5888 Rhode Island		tion				
6. Brief Description of the Chare Operating of an electric				, «·	····	
7. NAMES AND ADDRES	SSES OF THE OFFICE	RS: ("X" BOX FOR A	ATTACHMENT) 🛮 FILL IN	SPACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
Anthony Morena Street Address			Donna Morena	· Charles A. L.		
2-Starline Way YY K-KEN LANE		2 Starline Way 414 EZLEN LAWE				
Cranston	State RI	7ip 02921	City Cranston	State RI	^{Zip} 02921	
Secretary Name Donna Morena			Treasurer Name Anthony Morena			
Street Address 2 Storline Way. 44 ELEN LANE			Street Address 2-Starline Way-	Street Address 2-Starline Way- 44 ELLEN LANK		
City Cranston	State RI	Ζίρ 02921	City Cranston	State RI	<i>Ζψ</i> 02921	
	SES OF THE DIRECTO	ORS: ("X" BOX FOR	ATTACHMENT) 🗍 FILL II	N SPACES BEFORE USIN	G ATTACHMENTS	
Anthony Morena			Director Name Donna Morena	<u> </u>		
2 Starline Way 44 ECLEN LANK			Street Address 2 Starline Way			
City	State	Zip	City	State	Zip	
Cranston Director Name	<u> </u>	02921	Cranston Director Name	[RI	02921	
			Director Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED	D ¹	1	: 10. SHARES ISSUED	 ("X" BOX FOR ATTAC	 HMENT) □	
				ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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.			of Number of Shares	Class/Series	Par Value	
			100	Common	No Par Value	
·						
This report must be execu	uted on behalf of the co	orporation by an author	orized representative. If the	corporation is in the hand	s of a receiver or trustee,	
this report must be execu-	ted on behalf of the co	rporation by the recei	ver or trustee.			
			Under papalty	Deium, I dealess and accimin	shot I have a series I at i	
		_	including any age;	mpanying schedules and sta	that I have examined this report atements, and that all statemen	
File Date FIL	FD	-	contained herein	re true and correct.	11000	
		-	Signature		4-3-09	
Check No. MAY 2	2 2009	_	"	rono	Date	
B	ロヤイン	N6	Anthony Mo			
EON SECRETARIAN OF SECRETARIAN			President			
FOR SECRETARY OF	F STATE USE ONLY		Title			