

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 2007

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(cc\*d)) is whites to a penalty fee of \$25.00

subject to a penalty fee of \$25.					
1. Corporate ID No. 000143378	2. Name of Cor Lin R. Rog	poration pers Electrical Contractors,	Inc.		<del></del>
3. Street Address Principal Business Office 2050 Marconi Dr. Suite 200			<sup>City</sup> <b>Alpharetta</b>	State GA	Zip β <b>36</b> 005
4. Business Phone No. 770-772-3400 5. State of Incorporation Georgia			-		99 AL
6. Brief Description of the Cha Electrical Contractor	uracter of Business Condu	cted in Rhode Island			62
	ESSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT) [ FILL IN	SPACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
Lin R. Rogers					
Street Address 2050 Marconi Dr. Suite 200			Street Address 2050 Marconi Dr. Suite 200		
Alpharetta	State GA	<sup>Ζφ</sup> <b>30</b> 005	City Alpharetta	State GA	<i>zip</i> 30005
Secretary Name Kenneth F. Webb			Treasurer Name Kenneth F. Webb		
Street Address 2050 Marconi Dr. Suite 200			Street Address 2050 Marconi Dr. Suite 200		
Alpharetta	State GA	<sup>Zip</sup> 30005	<sup>City</sup> Alpharetta	State GA	<sup>Zip</sup> 30005
8. NAMES AND ADDRI Director Name Lin R. Rogers	ESSES OF THE DIRI	ECTORS: ("X" BOX FOR AT	TACHMENT) [ FILL I Director Name	N SPACES BEFORE USIN	IG ATTACHMENTS
2050 Marconi Dr. Suite 200			Street Address		
Сиу	State	Zip	City	State	Zip
Alpharetta Director Name	GA	30005			
Inrector Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
			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.			Number of Shares	Class/Series	Par Value
			100,000.00	Common	1.00
This report must be ava	couted on bahalf of the	ha composition have such a in-	15.0		
this report must be exec	cuted on behalf of th	he corporation by an authorize the corporation by the receiver	or trustee.	corporation is in the hand	is of a receiver or trustee,
			Under penalty of	manium I danlara a d -65	About The control of
			including any acc	perjury, a declare and affirm companying schedules and st	that I have examined this rep atements, and that all stateme
ρ÷			contained herein	are true and correct.	i i
File Date	الماساسا		Dis	K HOW	8/24/09
VIIC	2 5 2009		Signature	1 1 1 3	Date
Check No. AUU	~ UUUU	<del>_</del>	Lin R. Roge	ers	
By: By 097343 10:19			Print or Type Nam		· · · · · · · · · · · · · · · · · · ·
			President		
FOR SECRETARY	OF STATE USE ONLY	-	Title		
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