

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

401.222.3040

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. <u>84580</u>		2. Name of Corporation <u>JOEY ELECTRIC INC.</u>			
3. Street Address Principal Business Office <u>195 SPRING GROVE RD</u>			City <u>CHEPACHET</u>	State <u>RI</u>	Zip <u>02814</u>
4. Business Phone No. <u>401-480-5320</u>		5. State of Incorporation <u>RHODE ISLAND</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island <u>ELECTRICAL CONTRACTOR</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>MARC A. JOEY</u>			Vice President Name <u>KATHLEEN A. JOEY</u>		
Street Address <u>195 SPRING GROVE RD</u>			Street Address <u>195 SPRING GROVE RD</u>		
City <u>CHEPACHET</u>	State <u>RI</u>	Zip <u>02814</u>	City <u>CHEPACHET</u>	State <u>RI</u>	Zip <u>02814</u>
Secretary Name <u>KATHLEEN A. JOEY</u>			Treasurer Name <u>MARC A. JOEY</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares <u>500</u>	Class/Series <u>COMMON</u>	Par Value <u>NONE</u>

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.

FILED

NOV 24 2009

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature MARC JOEY Date 10/27/09

Print or Type Name PRESIDENT

Title _____



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

Secretary of State

