

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street Providence, RI 02904-2615

2010

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PE 401.222.3040

1. Corporate ID No. 14058	K Electric	C. Name of Corporation K. Electric, Inc.				
3. Street Address Principal Business Office 2646 Warwick Avenue			City Warwick	State RI	Zip	
4. Business Phone No. 401-739-6000 5. State of Incorporation Rhode Island					02889	
 Brief Description of the Che General contracting, ir 	oracter of Business Condustalling, and repair	fucted in Rhade Island iring of electric systems.				
7. NAMES AND ADDRI	esses of the of	FICERS: ("X" BOX FOR ATT	ACHMENT) [] FILL IN	I SPACES REPORT HOS	C ATTL CYTA	
David M. Kirk			The President Name		G ATTACHMENTS	
itreet Address			Constance S. Kirk			
2646 Warwick Avenue			2646 Warwick Avenue			
Warwick	RI	02889	Cin Warwick	State RI	<i>Zip</i> 02889	
lulie A Little			Treasurer Name David M. Kirk			
treet Address Same as above.			Street Address			
in as above.				Same as above.		
	1	Zip	City	State	Zip	
one eet Address		ECTORS: ("X" BOX FOR AT	Director Name	M SPACES BEFORE USIN	NG ATTACHMENTS	
			Street Address			
it.	State	Ziji	City	State	Zip	
rector Name	*****************	·············.	Director Name			
veet Address			Street Address	· · · · · · · · · · · · · · · · · · ·		
(F)	State	Zip	City	State	Zip	
SHARES AUTHORIZEI)	1	in 10. SHARES ISSUED	("X" BOX FOR ATTAC	HMENT) [7	
vic information in			ISSUED SHARES — THIS SE	CTION MUST BE COMPLETED		
his information is currently of record in the Office of the Secretary of tate. Changes require an additional filing. See Section 9 of astruction sheet.			Number of Shares	Class Series	Par Value	
			2000	Common	No par	
			i			
is report must be execut s report must be execut	ted on behalf of th	e corporation by an authorize	d representative. If the c	orporation is in the hands	s of a receiver or trustee	
Toport mast be execut	ed on benan or the	corporation by the receiver of	er trustee.		or a receiver of trustee,	
			Under penalty of p	erjury, I declare and affirm t	hat I have examined this so-	
2 10	201		including any acco contained herein ar	mpanying schedules and sta	tements, and that all stateme	
Dute _ L ~/8	-2010		Dama	I IAA	2/1/2010	
ck NoO O G	935		Signature	1 vicines	Date	
~	nna	,	David M. Kirl Print or Type Name	<u><</u>		

Title