

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