



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401 222 3740

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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>106740</u>		2. Name of Corporation <u>RC Smith Elec Co Inc</u>			
3. Street Address Principal Business Office <u>84 Peacock Rd</u>			City <u>Warwick</u>	State <u>RI</u>	Zip <u></u>
4. Business Phone No. <u>(401) 885-2585</u>		5. State of Incorporation <u>Rhode Island</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island <u></u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Robert C. Smith</u>			Vice President Name <u>Ann M Smith</u>		
Street Address <u>84 Peacock Rd</u>			Street Address <u>84 Peacock Rd</u>		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>	City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>
Secretary Name <u>none</u>			Treasurer Name <u>None</u>		
Street Address <u></u>			Street Address <u></u>		
City <u></u>	State <u></u>	Zip <u></u>	City <u></u>	State <u></u>	Zip <u></u>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>none</u>			Director Name <u>none</u>		
Street Address <u></u>			Street Address <u></u>		
City <u></u>	State <u></u>	Zip <u></u>	City <u></u>	State <u></u>	Zip <u></u>
Director Name <u>none</u>			Director Name <u>none</u>		
Street Address <u></u>			Street Address <u></u>		
City <u></u>	State <u></u>	Zip <u></u>	City <u></u>	State <u></u>	Zip <u></u>
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>1,000</u>	<u>COMM NO PAR VALUE</u>	<u></u>	<u>1,000</u>	<u>common</u>	<u>0</u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></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.

File Date	FILED
Check No.	<u>FEB 19 2010</u>
By	<u>14/88</u>
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.

Ann M. Smith 2/17/10
Signature Date
Ann M Smith
Print or Type Name
Vice President
Title