

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 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. 7-1.2-150).

subject to a penalty fee of \$25.00	Į.		1	- agus une sime presertoeu by ut	w (R.1,G.L. 7-1.2-1501(cora	
1. Corporate ID No.	2. Name of Cor	poration				
42528	RYAI	N ELECTRIC CONST	DIICTION TNO			
3. Street Address Principal Busit	ness Of/ice	===== COND	TRUCTION, INC.	State	Zip	
100 Minnesota Avenue			Warwick	RT		
4. Business Phone No. 5. State of Incorporation		11012 111011	——————————————————————————————————————	02888		
401-732-5490 RHODE ISI			AND			
6. Brief Description of the Chara		icted in Rhode Island			<del>,</del>	
ELECTRICAL ( 7. NAMES AND ADDRES	CONTRACTING SES OF THE OFF	NG, MANUFACTURE ICERS: ("X" BOX FOR ATTA	AND SALE OF EI	LECTRICAL APP	LIANCES	
			Vice President Name			
Laurence E. Ryan, Jr.			Norma L. Ryan			
Street Address			Street Address			
100 Minnesota Avenue			100 Minnesota Avenue			
СНу	State	Zip	City	State	Zip	
Warwick	RI	02888	Warwick	RI	02888	
Secretary Name			Treasurer Name		Ι	
Norma L. Rya	<u>an</u>		Laurence E. Ryan, Jr.			
Street Address			Street Address			
100 Minnesota Avenue			100 Minnesota Avenue			
Ciry	State	Zip	Сиу	State	Zip	
Warwick	RI	02888	Warwick	RI	1 .	
6. NAMES AND ADDRESS Director Name	SES OF THE DIRE	ECTORS: ("X" BOX FOR AT	TACHMENT) [ FILL IN :	SPACES BEFORE USING	ATTACHMENTS	
			Director Name			
None Street Address			None			
WELL WIEWER			Street Address	· · · · · · · · · · · · · · · · · · ·		
City						
rat,	State	ZIp	Clty	State	Zip	
Director Name	J		*******************************			
			Director Name			
None Street Address			None			
oneer naaress			Street Address			
City	State	1				
···.,	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED		<u> </u>				
onaids actionized			10. SHARES ISSUED (	"X" BOX FOR ATTACH	MENT)	
	<del></del>	w	ISSUED SHARES — THIS SECT	ION <u>MUST</u> BE COMPLETED	_	
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Sertes	Par Value	
State. Changes require an	additional filing.	See Section 9 of	500			
instruction sheet.			500	Common	No Par	
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
This report must be execut	ed on behalf of th	e corporation by an authorize	d representative. If the cor	poration is in the hands	of a receiver to :	
his report must be execute	d on behalf of the	corporation by the receiver	or trustee	position is in the hallds	or a receiver or trustee	

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File Date Check No	FEB 26 2010
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FOR SE	CRETARY 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	
Signature  Control of	_
Print or Type Name	
President	