

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 2011 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. 7-1.2-1 subject to a penalty fee of \$25.00.	501(e), each corporation fai	ling or refusing to file its anni	ual report within thirty (30) days after	the time prescribed by law (R.	l.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 81968	2. Name of Corporation POINT JUDITH ELECTRONIC SERVICES, INC.				
3. Street Address Principal Business Office 330 GREAT ISLAND ROAD			NARRAGANSETT	State RI	<i>гір</i> 02882
l		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of TO SELL AND REPAIR ELE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAG President Name BARRY A. BARRETT			CHMENT)  TILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  DAWN BARRETT		
Street Address 36 GENTRY CIRCLE			Street Address 36 GENTRY CIRCLE		
City EXETER	State RI	<sup>Zip</sup> 02822	City EXETER	State RI	<sup>Zip</sup> 02822
Secretary Name DAWN BARRETT			Treasurer Name BARRY A. BARRETT		
Street Address 36 GENTRY CIRCLE			Street Address 36 GENTRY CIRCLE		
City EXETER	State RI	Zip 02822	City EXETER	State RI	<sup>Zip</sup> 02822
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name BARRY A. BARRETT			ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Director Name  DAWN BARRETT		
Street Address 36 GENTRY CIRCLE			Street Address 36 GENTRY CIRCLE		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
Director Name			Director Name		
Sireei Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [		
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.			Number of Shares	Class/Series	Par Value
			NONE		
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.					

Ell En	Under penalty of perjury, I declare and affirm that including any accompanying schedules and stater
File Date JAN 1 3 2011	contained herein are true and correct.  Signature
Check No	Print or Type Name  PRESIDENT
FOR SECRETARY OF STATE USE ONLY	Title

Form 630 Rev. 08/08