

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	iling or refusing to file its ann	ual report within thirty (30) days	afier the time prescribed by law ((R.I.G.L, 7-1.2-1501(c&d)) is
1. Corporate ID No. 5661	2. Name of Corporation D & D Electric Co.				
3. Street Address Principal Business Office 1580 Pontiac Ave.			City Cranston	State RI	<i>Ζڼρ</i> 02920
4. Business Phone No. 5. State of Incorporation Rhode Island					
6. Brief Description of the Character of Electrical Work	•				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAINMENT OF PRESIDENT NAME Dennis J Barlow, Jr.			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Dennis J Barlow, Jr.		
Street Address 95 Ashton Ave.			Street Address 95 Ashton Ave.		
<i>Сиу</i> North Kingstown	State Rhode Island	^{Ζφ} 02852	City North Kingstown	State Rhode Island	^{Zip} 02852
Secretary Name Dennis J Barlow, Jr.			Treasurer Name Dennis J Barlow, Jr		
Street Address 95 Ashton Ave.			Street Address 95 Ashton Ave.		
City North Kingstown	State Rhode Island	^{Zip} 02852	City North Kingstown	State Rhode Island	^{Zip} 02852
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Dennis J Barlow, Jr.			TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
Street Address 95 Ashton Ave.			Street Address		
City North Kingstown	State Rhode island	Zip 02852	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
Сйу	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently	of record in the Offic	e of the Secretary of	Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			2	A	without par value
This report must be executed of this report must be executed or				poration is in the hands o	f a receiver or trustee,

FILED Date JAN 26 2011	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.
Check NoBy MMC)	Date Dennis J. Barlow, Jr.
By: 8627	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	President
TON ODERLINE OF STATE OF ONES	Title