

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
1 401.222.3040

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. 7-1.2-1501(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.	1. Corporate ID No. 2. Name of Corporation					
163185	NORTHERN LIGHTS ELECTRIC, INC.					
3 Street Address Principal Business Office C/O Joseph Raheb, Esq., 650 Washington Hwy.		City Lincoln	State RI	<sup>Zip</sup> 02865		
4. Business Phone No. 5. State of Incorporation NEVADA						
6. Brief Description of the Character of Business Conducted in Rhode Island ELECTRICAL CONTRACTOR						
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) [ FILL IN SPAC	ES BEFORE USING ATT	ACHMENTS	
President Name Nicholas McCourt			Vice President Name Nicholas McCourt			
Street Address 220 Park St., #8			Street Address 220 Park St., #8			
City North Attleboro	State MA	<sup>Ζφ</sup> 02760	Gity North Attleboro	State MA	<i>Ζίρ</i> 02760	
Secretary Name Nicholas McCourt			Treasurer Name Nicholas McCourt			
Street Address 220 Park St., #8			Street Address 220 Park St., #8			
North Attleboro	State MA	<sup>Zip</sup> 02760	City North Attleboro	State MA	<sup>Zip</sup> 02760	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA Director Name Nicholas McCourt			ACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name			
Street Address			Street Address	<del>-</del>	<u> </u>	
220 Park St., #8					<u> </u>	
City North Attleboro  Director Name	State MA	<sup>Zip</sup> 02760	City	State		
Infector Name			Director Name		500	
Street Address			Street Address			
City	State	Zip	City	State	<b>2 7</b>	
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 Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			100	Common	\$1.00	
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.						
FILEI			including any accompany	, I declare and affirm that I ying schedules and stateme	have examined this report, nts, and that all statements	
File Date			contained terein are true	##	1/28/11	
FEB 0 4 2011		Signature		Date		
BBY 1- 4298		Print or Type Name				

President