

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 20 \ 4

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 leav (R.I.G.L. 7-1.2-1501).

| subject to a penalty fee of \$25.00. | 1901(ty, then torpolution | uning or rejusing to file its an | nual report within thirty (30) a | ays after the time prescribed by le | w (R.I.G.L. 7-1.2-1501(c&d)) is |
|---|---------------------------|--|---|-------------------------------------|---------------------------------------|
| 1. Corporate ID No. 2. Name of Corporation | | | | | |
| 34366 | | Electric | - Inc | | |
| 3. Street Address Principal Business | | CI | Cip | State | Zip |
| 4. Business Phone No. | haway | <u>5</u> † | tra | IRI | 07.987 |
| 401-941- | 7400 | 5. State of Incorporation | | | |
| Electrical Contractors General Contractors | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name | OF THE OFFICERS | : ("X" BOX FOR ATTA | CHMENT) FILL IN | SPACES BEFORE USING | ATTACHMENTS |
| Lohn P. Craz | | | Vice President Name | | |
| Street Address H Lincoln Hue | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Secretary Name | | .J | Treasurer Name | | |
| John P. Cruz | | | John PC nuz | | |
| Street Address | | | Street Address | | |
| City | State | Zip | : City | State | 70. |
| | ļ | | | | Zip |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | | | |
| | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | .J | .J | Director Name | l | |
| | | | | | |
| Sireet Address | | | Street Address | | |
| City W G | State | Zip | • ***** | | |
| \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \ | 5.5 | | City | State | Zip |
| 9. SEARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) | | | | | |
| WWX E | | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| This information Surrently of record in the Office of the Secretary of State States require an additional filing. See Section 9 of instruction wheet. | | | Number of Shares | Class/Series | Par Value |
| | | | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
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| 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. | | | | | |
| the second of the corporation by the receiver of musice. | | | | | |
| | | | | | |
| | | Company on the control of the contro | ** . | | |
| | | FILED | Under penalty of p | erjury, I declare and affirm the | hat I have examined this report, |
| | | į | including any accompanying schedules and statements, and that all statements contained herein are true and correct. | | |
| File Date | | AUG 1 8 2011 | | | 1616,2011 |
| Date Signature | | | | | |
| Check No. | 177 In | John P. Cruz | | | |
| Ву | | (KNCH) | Print or Type Name | | |
| FOR SECRETARY OF STA | TE USE ONLY | 10000 | | CS | |
| | | | Title | | |