



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2009

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. 000139919 | | 2. Name of Corporation KINGSTOWN ELECTRIC INC. | | |
| 3. Street Address Principal Business Office 95 CHESTNUT RD. | | City No. Kingstown | State RI | Zip 02852 |
| 4. Business Phone No. 401-230-5476 | | 5. State of Incorporation RHODE ISLAND | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| President Name Ernest Marinaro | | Vice President Name David Wilks | | |
| Street Address 11 Woodward Circle | | Street Address 95 Chestnut Rd. | | |
| City Narragansett | State RI | Zip 02882 | City No. Kingstown | State RI |
| Secretary Name NONE | | Treasurer Name NONE | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| Director Name NONE | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 9. SHARES AUTHORIZED 1000 | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | | | |
| Number of Shares 200 | | Class/Series CNP | | Par Value NONE |
| 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. | | | | |

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SECRETARY OF STATE
CORPORATIONS DIV

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.

File Date **FILED**
Check No. **SEP 29 2011**
By: **153101 11:27**
FOR SECRETARY OF STATE USE ONLY
BY

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.

Signature **Ernest Marinaro** Date **9-28-11**
Print or Type Name **President**
Title