

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 7-1.2-150).

Providence, RI 02904-2615 401.222.3040

subject to a penalty fee of \$25.00.	· ·	, , , , , , , , , , , , , , , , , , ,	(50) 42	ays after the time prescribed by lat	w (R.I.G.L. 7-1.2-1501(c&d)) is
1 Corporate ID No.	2. Name of Corporate	ion			
000139919	LKINGS	TOWN ELEC-	TRIC, INC.		
3. Street Address Principal Business 95 CHEST NO	033744		City	State	Zip
4. Business Phone No.	KD.	5. State of Incorporation	NO. KING-STO	DUN PI	02852
401-230-54	76	RHODE	15/110		-
6. Brief Description of the Character		n Rhode Island	ISCAND		
7. NAMES AND ADDRESSE President Name	S OF THE OFFICER	S: ("X" BOX FOR ATTA	<i>(CHMENT)</i> [] FILL IN :	SPACES BEFORE USING	ATTACHMENTS
			Vice President Name	1 11/	
ERNEST MARINARO Street Address			: Javid Wilks		
11 Windward Circle			Street Address + + D		
CIA	State _	Zip	95 Ches	INVI Fa-	
Narragansett	I RT	02882	No. Kingsto	State	24p
Secretary Name			Treasurer Name		02852
NONE			NONE		
Street Address			Street Address		
City	State	1			
Sign	siale	Zip	City	State	Zip
8. NAMES AND ADDRESSES	I OF THE DIRECTO	 RS:	; TACHMENT) [] FILL IN	CER CES DEFORM	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		,	Director Name	SPACES BEFORE USING	ATTACHMENTS
NONE					
Street Address			Street Address S		
City	Camari			<u> </u>	COM
Gin,y	State	Zip	City	State	Zip Ti Com Zi
Director Name	.J	J	Director Name		
			9 ≥₹[
Street Address			Street Address		
	,		<u>:</u>		MS B
City	State	Zip	City	State	Zip D
9. SHARES AUTHORIZED	-		:		77.
1000			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class/Sories Des Value		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of			rumber by sources	Class/Series	Par Value
instruction sheet.			200	_ CNP	110.175
					NONE
This report must be executed this report must be executed.	on behalf of the cor	rporation by an authorize	d representative. If the co	prporation is in the hands	of a receiver or trustee
this report must be executed	on behalf of the corp	poration by the receiver o	or trustee.		,
				•	
2011 F	-D		Under penalty of pe	riugy. I declare and affirm the	at I have examined this report.
1-11	- 		contained herein are	hip in ying schedules and state	ments, and that all statements
File Date				TA V 11/	7-10-201
CED O	2011		Signature	TV. Y	7-28-2011
Check No. SET 29 2011					
By:					
BY	/		'	+	
FOR SECRETARY OF STA	TE USE ONLY		Treside	الم!	
			1418		