



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | | | |
|---|--------------------|---|-------------------------|---------------------|---------------------|
| 1. Entity ID No. 98776 | | 2. Exact name of the Corporation PROVIDENCE ELECTRIC SUPPLY, INC. | | | |
| 3. Principal office address 123 Dyer Street, Suite 3B | | City Providence | State RI | Zip 02903 | |
| 4. Business Phone No. | | 5. State of Incorporation Rhode Island | | | |
| 6. Brief description of the character of business conducted in Rhode Island to buy and sell electrical equipment and do electrical contracting work | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name GEORGE ST. LAURENT | | Vice-President Name LINDSEY ST. LAURENT | | | |
| Street Address 11 Dean Ridge Drive | | Street Address 11 Dean Ridge Drive | | | |
| City Cranston | State RI | Zip 02920 | City Cranston | State RI | Zip 02920 |
| Secretary Name LINDSEY ST. LAURENT / Asst. Sec. JOHN D. BIAFORE | | Treasurer Name LINDSEY ST. LAURENT | | | |
| Street Address 11 Dean Ridge Drive / 123 Dyer Street, Suite 3B | | Street Address 11 Dean Ridge Drive | | | |
| City Cranston / Providence | State RI | Zip 02920 / 02903 | City Cranston | State RI | Zip 02920 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name GEORGE ST. LAURENT | | Director Name | | | |
| Street Address 11 Dean Ridge Drive | | Street Address | | | |
| City Cranston | State RI | Zip 02920 | City | State | Zip |
| Director Name | | Director Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | |
| 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 | No par value | |
| | | | | | |

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.

FILED

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

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 of Authorized Representative

Date

GEORGE ST. LAURENT

Print or Type Name of Authorized Representative