



**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. <b>137112</b>		2. Exact name of the Corporation <b>WILLIAM SOARES ELECTRICAL CONTRACTING, INC.</b>			
3. Principal office address <b>71 KING PHILIP DRIVE</b>			City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>
4. Business Phone No. <b>401-413-8212</b>			5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>TO CONDUCT THE BUSINESS OF COMMERCIAL &amp; RESIDENTIAL ELECTRICAL CONTRACTING</b>					
President Name <b>WILLIAM SOARES</b>			Vice-President Name <b>DONNETTA A. SOARES</b>		
Street Address <b>71 KING PHILIP DRIVE</b>			Street Address <b>71 KING PHILIP DRIVE</b>		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>
Secretary Name <b>DONNETTA A. SOARES</b>			Treasurer Name <b>WILLIAM SOARES</b>		
Street Address <b>71 KING PHILIP DRIVE</b>			Street Address <b>71 KING PHILIP DRIVE</b>		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>
Director Name <b>WILLIAM SOARES</b>			Director Name <b>DONNETTA A. SOARES</b>		
Street Address <b>71 KING PHILIP DRIVE</b>			Street Address <b>71 KING PHILIP DRIVE</b>		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			50,000	CNP	NO PAR

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**

MAR 05 2012

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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.

*William Soares* 3/2/12  
 Signature of Authorized Representative Date

**WILLIAM SOARES, PRESIDENT**

Print or Type Name of Authorized Representative