



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. 511325		2. Exact name of the Corporation Annese Electrical Services, Inc.			
3. Principal office address 280 Libbey Industrial Pkwy.		City Weymouth	State MA	Zip 02189	
4. Business Phone No. 781-337-6462		5. State of Incorporation MA			
6. Brief description of the character of business conducted in Rhode Island Telecommunications					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Deborah Annese			Vice-President Name Christopher Kovrafas		
Street Address 62 Collier Road			Street Address 262 Gardner Street		
City Situate	State MA	Zip 02066	City Hingham	State MA	Zip 02043
Secretary Name + Clerk Melanie Lege			Treasurer Name Joseph Annese		
Street Address 88 Brook Street			Street Address 62 Collier Road		
City Situate	State MA	Zip 02066	City Situate	State MA	Zip 02066
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Deborah Annese			Director Name Joseph Annese		
Street Address 62 Collier Road			Street Address 62 Collier Road		
City Situate	State MA	Zip 02066	City Situate	State MA	Zip 02066
Director Name Melanie Lege			Director Name		
Street Address 88 Brook Street			Street Address		
City Situate	State MA	Zip 02066	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	
10,000		CNP		\$ 0.00	

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 _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

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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.

Melanie Lege 5/25/12
 Signature of Authorized Representative Date

Melanie M. Lege
 Print or Type Name of Authorized Representative