

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

| 1. Entity ID No. 150795 | | 2. Exact name of the limited liability company C. Carr Electric, LLC | | | | |
|---|--|--|--|--------------------|---------------------|--|
| 3. State of Formation Rhode Island | Brief description of the character of business conducted in Rhode Island Electrician/Electrical Work | | | | | |
| 5. Principal office address 264 Scott Road | | | City Cumberland | State RI | Zip 02864 | |
| 6 WAILING ADDRESS OF Contact Name Charles N. Carr | PLIMITED LIABILIT | Y COMPANYAND | Contact Title Contact Title Owner/Proprietor | ERSON: | | |
| Street Address 264 Scott Road | | | City Cumberland | State RI | Zip 02864 | |
| 7. LIST <u>all</u> managers ("X" Box for attach | | 1. 计可编码表现代的现代的记录 | LIMITED LIABILITY COMPANY, II | 品质 海 特性进程符 计超级通信器 | NOT LIST MEMBERS | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Manager Name | | | Manager Name | Manager Name | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 8. RESIDENT AGENT IN I | | | | | | |
| This information is curre | ently of record in th | e Uttice of the Seci | retary of State. Changes require | TIIING FORM 642. | ^3 | |

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FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012 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 Person

Charles N. Carr

Print or Type Name of Authorized Person