

Form No. 630 Revised: 01/2012

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 CORP	ORATION	ANNUAL RE	PORT FOR T	HE YEAR	2013	
Filing Period: January 1 Filing Fee: \$50.00 • FAI	- March 1 • Thi LURE TO FILE	s report must be ty THIS REPORT BY N	ped or printed legibly	y. LIIT IN A COE OO DENI	ALTV CCC	
1. Entity ID No.	Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE. Initity ID No. 2. Exact name of the Corporation					
34319	Benu	vin Elec	tronies In	∩ ♂ .		
3. Principal office address	1. + A		City	State	Zip	
4. Business Phone No.			5. State of Incorporation) RI	02916	
			5. State of incorporation			
6. Brief description of the character of business conducted in Rhode Island Design, Installation and maintenance of Utility submetering						
Design, Install	ation au	id mainter	nance of U	Itility auba	ietering	
7 1 107 514 107 107 20 107 107 107 107 107 107 107 107 107 10						
President Name			Vice-President Name			
Robert A. Winter Jr			Anne Marie Brum			
Street Address			Street Address			
56 Pautucket Ave			56 Pautucket Ave			
City	State	Zip	City	State	Zip	
Kumgerd	State RT	32916	Rumpore	J RI	02916	
Occident Hamic		· · · · · · · · · · · · · · · · · · ·	Treasurer Name			
Street Address_			Robert A. Winter Jr			
56 PawTucket Ave			Street Address 56 Parutucket Ave			
City City	State	Zip	City	DINCKEL VI	Zip	
Kumpond	RI	01950	Ruman	J BI	92916	
8. LIST <u>ALL</u> DIRECTORS (NAM	ES AND ADDRES	SSES) ("X" BOX FOR	ATTACHMENT)			
Director Name	. 7 ~		Director Name			
Robert A.W.	r	Anne -				
56 Pautocket Ave			Street Address 56 PawTucket Ave.			
Kumcord	State FI	Zip 0 7916	Rumpord	State	0 2 9 1 6	
Director Name	*		Director Name		(,0	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				June		
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
Phila lude			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This information is currently of of State. Changes require an ad See Section 9 of instruction she	ditional filing.	ice of the Secretary	50	None	Vone	
This report must be executed on	behalf of the corp	oration by an authorize	d representative. If the co	prporation is in the hands	of a receiver or trustee.	
t.	his report must be	executed on behalf of	the corporation by the re	ceiver or trustee.		
File Date this report, inc				nalty of perjury, I declare and affirm that I have examined t, including any accompanying schedules and statements, Il statements contained herein are true and correct,		
Check No	·	AN DO moto		ns contained herein are	e true and correct,	
JAN 0 8 2013 By:			Signature of Authorized Representative Date			
FOR SECRETARY OF STATE U	SE ONLY	mnr	Robert A. Winter Jr.			
orm No. 630			Trint or Type Name o	f Authorized Representat	ive	
evised: 01/2012	Ch;	# 6027				
		/				