RALPHMOIL	tate of Rhode Island and Pro Office of the Secreta	
Secretary of State	Division Of Business 148 W. River St Providence RI 0290 (401) 222-30	treet)4-2615
Business Corporatio Annual Report Filing Period: January 1 - N		
	7-1.2-1501(e), each corporation failir 30) days after the time prescribed by l ty fee of \$25.00.	
ANNUAL REPORT YEAR:	2013	
1. Corporate ID No.	000555542	
2. Name of Corporation	Power City Network, Inc.	
3. Street Address Princip	oal Business Office:	
	KING PHILIP ST. INSTON State:	<u>RI</u> Zip: <u>02919</u> Country: <u>USA</u>
4. Business Phone No.		
5. State of Incorporation		
State: <u>RI</u>		
6. Brief Description of th	e Character of Business Conducte	d in Rhode Island
Electrical and fiber optic i	nstallation	
7. Names and Addresses	s of the Officers and Directors:	
	ors must be listed. If officers and/onger applicable; please delete.	or directors have been elected, the title
Title	Individual Name	Address
PRESIDENT	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
FRESIDENT	DOININA IMASSE	123 KING PHILIP ST. JOHNSTON, RI 02919 USA
TREASURER	DONNA MASSE	123 KING PHILIP ST. JOHNSTON, RI 02919 USA
SECRETARY	DONNA MASSE	123 KING PHILIP ST. JOHNSTON, RI 02919 USA
DIRECTOR	DONNA MASSE	123 KING PHILIP ST. JOHNSTON, RI 02919 USA

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CNP		\$0.0000	8,000.00	100
Signed this 22 Day of Janu or individuals signing this is signatory, under penalties of act and deed of the corpora	instrument constitutes of perjury, that this in ation, and that the fac	s the affirmation or ac astrument is that indiv cts stated herein are t	cknowledgement idual's act and d	of the eed or the
electronic filing, in complia	nce with R.I. Gen. La	uws § /-1.2.		
By <u>DONNA MASSE</u> Signature of Authorized H	Representative of the C	Corporation		
-	Representative of the C	Corporation		
Signature of Authorized F	-	-	the form and he/s	she is not
Signature of Authorized F <u>PRESIDENT</u> Title This report cannot be ac	-	-	the form and he/s	she is not