



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 8340		2. Name of Corporation Mastro Electric Supply Co., Inc.		
3. Street Address Principal Business Office 553 Elmwood Avenue		City Providence	State RI	Zip 02907
4. Business Phone No. 467-7700		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island wholesale and retail of electric supplies				
7. NAMES AND ADDRESSES OF THE OFFICERS. ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Vincent A. Mastrostefano		Vice President Name Anthony A. Mastrostefano		
Street Address 553 Elmwood Avenue		Street Address 553 Elmwood Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI
Secretary Name Anthony A. Mastrostefano		Treasurer Name Vincent A. Mastrostefano		
Street Address 553 Elmwood Avenue		Street Address 553 Elmwood Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS. ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name None		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED. ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
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 200	Class/Series common	Par Value no par
THIS SECTION MUST BE COMPLETED				

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**

JAN 23 2013

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BY: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

Vincent A. Mastrostefano 1/15/12  
Signature Date

Vincent A. Mastrostefano  
Print or Type Name

President  
Title