



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	Zip 02907
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	Zip 02907
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	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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