

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 CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 · This report must be typed or printed legibly.

. Entity ID No. 4164	≥. Exact n	AILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE. 2. Exact name of the Corporation Chris Electric, Ltd.					
3. Principal office address 62 Halsey Street			City Newport		State RI	Zip 02840	
Business Phone No. (401) 847-2542 Brief description of the character of business conducted in Rhode Islan			5. State of Incorporation Rhode Island				
. Brief description of the Electrical Contrac	character of busine ting; Installatio	ss conducted in Rhode Isla n and servicing of e	nd lectrical systems				
LIST ALL OFFICERS		RESSES) ("X" BOX FOR					
Chris Kalil			Vice-President Name None				
Street Address 375 Wyatt Road			Street Address				
ity Middletown	State RI	Zip 02842	City	s	tate	Zip	
cretary Name Chris Kalil			Treasurer Name Chris Kalil				
Breet Address 375 Wyatt Road			Street Address 375 Wyatt Road				
ity Middletown	State RI	Zip 02842	City	S	tate RI	Zip 02842	
LIST ALL DIRECTORS	(NAMES AND ADI	RESSES) ("X" BOX FOR	ATTACHMENT			U2042	
None			Director Name None				
treet Address			Street Address				
ty	State	Zip	City	St	ate	Zip	
None			Director Name None				
reet Address			Street Address		·	<u> </u>	
ty	State	Zip	City	State		Zip	
SHARES AUTHORIZED			10. SHARES ISSUE	NAV PAVES		Transfer W doctors	
- Inda			NUMBER OF SHARES	CLASS/SERIES			
is information is currently of record in the Office of the Secretary State. Changes require an additional filing. e Section 9 of instruction sheet.		100	com		\$1.00		
nis report must be execut	ed on behalf of the	corporation by an authorize	d representative. If the	COrporation is in	the hands	Of a receiver or trust-	
lle Date		FILED	Under penalty of p	eceiver or truste erium I declare	e.	n that I have examined nedules and statement true and correct	
heck No		JAN 23 2013	Mu din	Liver 10	netein are	true and correct	
OR SECRETARY OF ST	ATE USE ONLY	30112C	Signature of Authori	ized Representa	tive	Date	
OR SECRETARY OF STATE USE ONLY BY			Print or Type Name of Authorized S				
			Print or Type Name of Authorized Representative				

Form No. 630 Revised: 01/2012