



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 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 145809		2. Exact name of the Corporation Industrial Electrical Services, Inc.			
3. Principal office address P.O. Box 56			City Plainfield	State CT	Zip 06374
4. Business Phone No. 860-564-4066			5. State of Incorporation Connecticut		
6. Brief description of the character of business conducted in Rhode Island Repair electrical machinery and equipment					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ted A. Esposito			Vice-President Name Marilyn T. Esposito		
Street Address 46 Weston Road			Street Address 46 Weston Road		
City Plainfield	State CT	Zip 06374	City Plainfield	State CT	Zip 06374
Secretary Name Marilyn T. Esposito			Treasurer Name None		
Street Address 46 Weston Road			Street Address		
City Plainfield	State CT	Zip 06374	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Ted A. Esposito			Director Name Marilyn T. Esposito		
Street Address 46 Weston Road			Street Address 46 Weston Road		
City Plainfield	State CT	Zip 06374	City Plainfield	State CT	Zip 06374
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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	CLASS/SERIES	PAR VALUE
			1,000	Common	No Par

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.

File Date _____

FILED

Check No _____

By: _____

JAN 23 2013

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.

[Signature]
 Signature of Authorized Representative

1/16/2013
 Date

FOR SECRETARY OF STATE USE ONLY BY 1389

Ted A. Esposito, President

Print or Type Name of Authorized Representative