



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. 95533		2. Exact name of the Corporation GREENWICH ELECTRONICS, INC.			
3. Principal office address 75 HARWOOD ROAD		City MONROE TOWNSHIP	State NJ	Zip 08831	
4. Business Phone No. (609) 619-3698		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island SALE & DISTRIBUTION OF ELECTRONIC COMPONENTS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name William S. LALONDE		Vice-President Name (TODD J. LALONDE) SUSANNE S LALONDE			
Street Address 75 HARWOOD ROAD		Street Address 45 HAWAII DRIVE			
City MONROE TOWNSHIP	State NJ	Zip 08831	City ALISO VIEJO	State CA	Zip 92656
Secretary Name William S. LALONDE		Treasurer Name SUSANNE S. LALONDE			
Street Address 75 HARWOOD ROAD		Street Address 75 HARWOOD ROAD			
City MONROE TOWNSHIP	State NJ	Zip 08831	City MONROE TWP	State NJ	Zip 08831
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name William S LALONDE		Director Name SUSANNE S LALONDE			
Street Address SAME AS ABOVE		Street Address SAME AS ABOVE			
City	State	Zip	City	State	Zip
Director Name TODD J. LALONDE		Director Name			
Street Address SAME AS ABOVE		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
			10	COMMOM	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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED 1110
FEB 07 2013
BY 02109477

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.

William S La Londe Feb. 4, 2013
Signature of Authorized Representative Date

WILLIAM S. LALONDE

Print or Type Name of Authorized Representative