



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. 38766 | | 2. Exact name of the Corporation B.T. ELECTRIC COMPANY, INC. | | | |
| 3. Principal office address 53 Long Entry Road | | City Chepachet | | State RI | Zip 02814 |
| 4. Business Phone No. 949-5980 | | 5. State of Incorporation Rhode Island | | | |
| 6. Brief description of the character of business conducted in Rhode Island all business related to electrical contracting | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Kristina W. Tridenti | | | Vice-President Name Robert A. Tridenti | | |
| Street Address 53 Long Entry Road | | | Street Address 53 Long Entry Road | | |
| City Chepachet | State RI | Zip 02814 | City Chepachet | State RI | Zip 02814 |
| Secretary Name Kristina W. Tridenti | | | Treasurer Name Robert A. Tridenti | | |
| Street Address 53 Long Entry Road | | | Street Address 53 Long Entry Road | | |
| City Chepachet | State RI | Zip 02814 | City Chepachet | State RI | Zip 02814 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name Kristine W. Tridenti | | | Director Name Robert A. Tridenti | | |
| Street Address 53 Long Entry Road | | | Street Address 53 Long Entry Road | | |
| City Chepachet | State RI | Zip 02814 | City Chepachet | State RI | Zip 02814 |
| 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. | | | | | |
| | | | | | |

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

FEB 08 2013

7256

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.

Robert A. Tridenti
Signature of Authorized Representative

02/04/2013
Date

Robert A. Tridenti, Vice President

Print or Type Name of Authorized Representative