

## 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

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000587415	2. Exact name of AMS Electric		company		
3. State of Formation	Brief description of the character of business conducted in Rhode Island     To operate and perform all work consistent as an Electrical Contractor				
Rhode Island					
5. Principal office address 435 Cottage Street			City Pawtucket	State RI	Zip <b>02861</b>
S, MAILING ADDRESS OF LI	MITED LIABILITY CO	MPANY AND NA	ME OR THE OF CONTACT.	PERSON:	
Contact Name Alan Stilkey			Contact Title Manager		
Street Address 435 Cottage Street			City Pawtucket	State <b>RI</b>	Zip <b>02861</b>
7. LIST ALL MANAGERS (N. ("X" BOX FOR ATTACHME		SES) OF THE LII	MITED LIABILITY COMPANY, I	F APPLICABLE - <u>Do</u>	NOT LIST MEMBERS
Manager Name Alan Stilkey			Manager Name		
Street Address 435 Cottage Street			Street Address		
City Pawtucket	State <b>RI</b>	Zip <b>02861</b>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
B. RESIDENT AGENT IN RHO	DE ISLAND	i de la partición de la companion de la compan			
This information is currently	of record in the Off	ice of the Secret	ary of State. Changes require	filing Form 642.	P3
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File Date			this report, including	jury, Leeclare and aft g any accompanying us contained herein	firm that I have examined schedules and statements
Check No					02/28/2013
<b>BV</b> .			Signature of Authorize	ed_Person	Date
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FOR SECRETARY OF STA	TE USE ONLY		Print or Type Name of		yespen agai

Form No. 632 Revised: 01/2012