



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. 505358		2. Exact name of the Corporation ELECTRICAL CONCEPTS, INC.			
3. Principal office address 3399 SOUTH COUNTY TRAIL		City EAST GREENWICH	State RI	Zip 02818	
4. Business Phone No. 401-884-8810		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island ELECTRICAL CONSTRUCTION					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name LORI A. RENZI			Vice-President Name LORI A. RENZI		
Street Address 39 LANTERN LANE			Street Address 39 LANTERN LANE		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
Secretary Name PETER RENZI			Treasurer Name LORI A. RENZI		
Street Address 39 LANTERN LANE			Street Address 39 LANTERN LANE		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			100	COMMON	\$.01

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.

FILED

FEB 14 2013

File Date _____

Check No _____

By: _____ BY 687

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.

Lori Renzi
Signature of Authorized Representative

01/31/2013
Date

FOR SECRETARY OF STATE USE ONLY

LORI A. RENZI
Print or Type Name of Authorized Representative