

Revised: 01/2012

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.

1. Entity ID No.		LURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE. 2. Exact name of the Corporation				
542664		IANNUCCI ELECTRIC, INC.				
3. Principal office address 403 CHARLES STREET			City PROVIDENCE	State RI	Zip 02904	
4. Business Phone No. 401-639-0003			5. State of Incorporation RHODE ISLAND			
6. Brief description of the ch ELECTRICAL CONT		s conducted in Rhode Islan	d			
7. LIST <u>ALL</u> OFFICERS (N	AMES AND ADD	RESSES) ("X" BOX FOR A	TTACHMENT)			
President Name DAVID IANNUCCI			Vice-President Name DAVID IANNUCCI			
Street Address 403 CHARLES STREET			Street Address 403 CHARLES STREET			
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904	
Secretary Name DIANE JACKSON			Treasurer Name DAVID IANNUCCI			
Street Address 403 CHARLES STREET			Street Address 403 CHARLES STREET			
City PROVIDENCE	State RI	Zip 02904	City State RI		Zip 02904	
B. LIST <u>all</u> directors (NAMES AND ADI	DRESSES) ("X" BOX FOR	ATTACHMENT)			
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	
. SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTAC	MENT)	
		<u> </u>	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
his information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			100	COMMON	\$1.00	
This report must be execute	d on behalf of the	counce tice on authorize	d representative. If the c	corporation is in the hand	s of a receiver or trustee,	
File Date		st be executed on behalf of FEB 1 4 2013	Under penalty of pe this report, including	erjury, I declare and affi	rm that I have examined chedules and statement re true and correct.	
Check No		mne	News	Janua	02/01/2013	
FOR SECRETARY OF STA	By		'Signature of Authori	zed Representative	Date	
form No. 630 AA # 4809			Print or Type Name of Authorized Representative			