



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 130189		2. Name of Corporation Atlantic Electric, Inc.			
3. Street Address Principal Business Office 97 Summit Street			City Central Falls	State RI	Zip 02863
4. Business Phone No. 401-714-9327		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To design, manufacture, install, remove, repair, inspect, buy, sell, handle and deal in machinery, appliance, accessories, equipment, supplies and materials of all kinds.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Craig LeBlanc			Vice President Name Craig LeBlanc		
Street Address 97 Summit Street			Street Address 97 Summit Street		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
Secretary Name Craig LeBlanc			Treasurer Name Craig LeBlanc		
Street Address 97 Summit Street			Street Address 97 Summit Street		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Craig LeBlanc			Director Name Craig LeBlanc		
Street Address 97 Summit Street			Street Address 97 Summit Street		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION <b>MUST</b> BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000	No Par Value		1,000	Common	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.

**FILED**

**FEB 21 2013**

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.

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

BY

12-28-12  
Date

Craig LeBlanc  
Print or Type Name

President  
Title