



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

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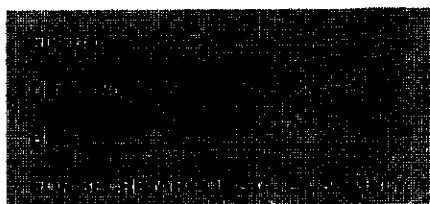
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

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. 81330		2. Exact name of the Corporation EASTLAND ELECTRIC, INC.			
3. Principal office address 30 Moshassuck Road		City Lincoln	State RI	Zip 02865	
4. Business Phone No. 401-334-1931		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Installation and repair of electrical wiring and fixtures, both commercial and residential					
PRESIDENT					
President Name Fatima C. Miller		Vice-President Name Fatima C. Miller			
Street Address 20 Mayflower Drive		Street Address 20 Mayflower Drive			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Fatima C. Miller		Treasurer Name Fatima C. Miller			
Street Address 20 Mayflower Drive		Street Address 20 Mayflower Drive			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
DIRECTOR					
Director Name Fatima C. Miller		Director Name			
Street Address 20 Mayflower Drive		Street Address			
City Cumberland	State RI	Zip 02864	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
SHARES OUTSTANDING					
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	
		1000	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 22 2013

BY D 190743

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.

Fatima C. Miller 02/21/13
Signature of Authorized Representative Date

Fatima C. Miller

Print or Type Name of Authorized Representative