

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

2013 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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.	2. Exact name	2. Exact name of the Corporation				
81330	EASTLAND ELECTRIC, INC.					
3. Principal office address			City	State	Zip	
30 Moshassuck Road			Lincoln	RI	02865	
4. Business Phone No. 401-334-1931			5. State of incorporation Rhode Island			
6. Brief description of the charac						
Installation and repair	of electrical v	wiring and fixtures,	both commercial	and residential		
grade with a second	Tall the sharts				e de la companya del companya de la companya del companya de la co	
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	
		esesimaroxee	The second secon	ecyn in hagueg phá, air nó tak leinn. Tal na leinne		
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	
[Astrogates						
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
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.			1000	Common	No Par	
This report must be executed or		orporation by an authorize the executed on behalf of			s of a receiver or trustee,	
		ou our worrall or				



1148 **FILED**

FEB 2 2 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.

Signature of Authorized Representative

02/21/13 Date

Fatima C. Miller

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012 BY 10 1907 42