

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

2013

401.222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

401.222.30

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(e)d) is

subject to a penalty fee of \$25.00.	-1901(e), euch corporation j	aning or rejusing to jue us ann	uut report wurth inirty (50) augs	ujier ine iime prescribeu by u	iw (R.1.G.L. 7-1.2-1)01(tOu)) B
1. Corporate ID No. 153119	2. Name of Corporation RAY GAGNON	ELECTRIC INC.			
3. Street Address Principal Business c/o Joseph Raheb, Esq.	ffice 650 Washington Hwy.		City Lincoln	State RI	^{Zip} 02865
4. Business Phone No. 5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character ELECTRICAL SERVICES	of Business Conducted in .	Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Raymond L. Gagnon			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Gerald Gagnon		
Street Address 762 Chopmist Hill Road			Street Address 1100 Belcher Rd., Unit 284		
City North Scituate	State RI	<i>хір</i> 02857	City South Largo	State FL	^{Zip} 33771
Secretary Name Raymond L. Gagnon			Treasurer Name Raymond L. Gagnon		
Street Address 762 Chopmist Hill Road			Street Address 762 Chopmist Hill Road		
City North Scituate	State RI	^{Zip} 02857	City North Scituate	State RI	6 285 7
8. NAMES AND ADDRESSES Director Name Raymond L. Gagnon	OF THE DIRECTOR	S: ("X" BOX FOR ATT	"ACHMENT) ☐ FILL IN S Director Name Gerald Gagnon	PACES BEFORE USIN	G ATTOS CHARLETTS
Street Address 762 Chopmist Hill Road			Street Address 1100 Belcher Rd., Unit 284		
City North Scituate Director Name	State RI	^{Zip} 02857	City South Largo Director Name	State FL	# 33/ZPA
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED	ı	1	10. SHARES ISSUED ('I		
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	NO PAR VALUE
This report must be executed this report must be executed				poration is in the hand	s of a receiver or trustee,

	FILED 1145	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date Check No.	FEB 2 6 2013	contained herein are true and correct. Signature Date
By: FOR SECRETARY OF STATE USE ONLY		Print of Type Name PRESIDENT Title