



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.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 116033		2. Exact name of the Corporation Tafuri Electric, Inc.					
3. Principal office address 328 Cowesett Ave., Suite One				City West Warwick		State RI	Zip 02893
4. Business Phone No. 401-828-6888			5. State of Incorporation Rhode Island				
6. Brief description of the character of business conducted in Rhode Island General, commercial, residential, electrical, contracting services							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name John L. Tafuri				Vice-President Name John L. Tafuri			
Street Address 90 Larch Road				Street Address 90 Larch Road			
City East Greenwich		State RI	Zip 02818	City East Greenwich		State RI	Zip 02818
Secretary Name John L. Tafuri				Treasurer Name John L. Tafuri			
Street Address 90 Larch Road				Street Address 90 Larch Road			
City East Greenwich		State RI	Zip 02818	City East Greenwich		State RI	Zip 02818
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name John L. Tafuri				Director Name			
Street Address 90 Larch Road				Street Address			
City East Greenwich		State RI	Zip 02818	City		State	Zip
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip	City		State	Zip
9. SHARES AUTHORIZED				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
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
				None			

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

File Date _____

Check No _____

By: _____

MAR 27 2013

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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.

John L. Tafuri President 3-22-13
 Signature of Authorized Representative Date

John L. Tafuri, President

Print or Type Name of Authorized Representative

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