



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.

118315		ACOE ELECTRIC CORP			
3. Street Address Principal Business Office 695 LITTLETON ROAD			City PARSIPPANY	State NJ	Zip 07054
4. Business Phone No. 973-334-0045		5. State of Incorporation NEW JERSEY			
6. Brief Description of the Character of Business Conducted in Rhode Island To provide Telecommunications Service Work					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name SCOTT J. LEFEBVRE			Vice President Name		
Street Address 28 HIGH MOUNTAIN DRIVE			Street Address		
City BOONTON	State NJ	Zip 07005	City	State	Zip
Secretary Name BETTIE L. LEFEBVRE			Treasurer Name SUZANNE LEFEBVRE		
Street Address 18 WINDJAMMER LANE			Street Address 28 HIGH MOUNTAIN DRIVE		
City MT ARLINGTON	State NJ	Zip 07856	City BOONTON	State NJ	Zip 07005
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 checked="" 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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100 NO PAR VALUE	Class/Series	Par Value

2013 AUG 30 PM 2:38  
 SECRETARY OF STATE  
 CORPORATIONS DIV

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.

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

**FILED**  
 AUG 30 2013  
 49-204911  
 By \_\_\_\_\_

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.

*Bettie Lefebvre*  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 BETTIE LEFEBVRE  
 Print or Type Name  
 SECRETARY  
 Title

A.A. 2:38p.m