



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 **2006**

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. 120459		2. Exact name of the Corporation Glynn Electric, Inc.			
3. Principal office address 11 Resnik Road		City Plymouth	State MA	Zip 02360	
4. Business Phone No. (508)503-2204		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island Electrical subcontractor (commercial, industrial and residential)					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Matthew P. Glynn			Vice-President Name		
Street Address 40 Harlows Landing			Street Address		
City Plymouth	State MA	Zip 02360	City	State	Zip
Secretary Name Michael Glynn			Treasurer Name Michael Glynn		
Street Address 32 Buxus Shore Circle			Street Address 32 Buxus Shore Circle		
City Sandwich	State MA	Zip 02563	City Sandwich	State MA	Zip 02563
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Matthew Glynn			Director Name Karen Glynn		
Street Address 40 Harlows Landing			Street Address 40 Harlows Landing		
City Plymouth	State MA	Zip 02360	City Plymouth	State MA	Zip 02360
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
			15,000	common	no par value

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

Form No. 630
Revised: 01/2012

KMC NOV 06 2013

By 210137

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

Date

Matthew Glynn, President

Print or Type Name of Authorized Representative

10:18