



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 2003

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

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 SECRETARIAT 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: _____

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] 9/16/2013
 Signature of Authorized Representative Date
Matthew Glynn, President
 Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY **FILED**

[Signature] NOV 06 2013

By 210137

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