

## 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

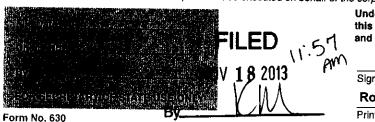
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_

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.	2. Exact na	ame of the Corporation				
4259	BROO	BROOKSIDE ELECTRIC, INC.				
3. Principal office address 4 Brookside Road			City Westerly	State RI	Zip 02891_	
4. Business Phone No. <b>(401) 596-2770</b>			5. State of Incorpora	ation		
Electrical contracti	ng	s conducted in Rhode Islan			8 - 8	
Robert G. Clark, Sr		ESEGÜZEÖTÜÜ,	Vice-President Nam		cco =	<u> </u>
Street Address 14 Horne Drive			Street Address 14 Horne Drive	9	57	
City <b>Westerly</b>	State RI	Zip 02891	City Westerly	State RI	Zip 02891	
Secretary Name Robert G. Clark, Sr.			Treasurer Name Robert G. Clark, Sr.			
Street Address 14 Horne Drive			Street Address 14 Horne Drive			
City <b>Westerly</b>	State RI	Zip 02891	City Westerly	State RI	Zip 02891	
	ivaliesandro.	HESS SYNAMOOTOR			NAMES OF STREET	r e
Director Name Robert G. Clark, Sr.			Director Name Marilynn Clark			
Street Address 14 Horne Drive			Street Address 14 Horne Drive			
City <b>Westerly</b>	State RI	Zip <b>02891</b>	City State RI		Zip 02891	_
Director Name			Director Name	<del></del> <u></u>		
Street Address			Street Address			
Dity	State	Zip	City	State	Zip	
ENTERNO PER				en de la		
his information is currently of record in the Office of the Secretary			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
f State. Changes require an additional filing. ee Section 9 of instruction sheet.		596	Common	No Par		
This report must be execute	ed on behalf of the this report mus	corporation by an authorize	d representative. If the	corporation is in the hands o	l of a receiver or truste	e,



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.

11/15/2013

Signature of Authorized Representative

Date

Robert G. Clark, Sr.

Print or Type Name of Authorized Representative

Revised: 01/2012



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

