



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 **2014**

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. 143445		2. Exact name of the Corporation Kirkbrae Electric Co			
3. Principal office address 177 Old River Road		City Lincoln	State RI	Zip 02865	
4. Business Phone No. 401-312-8100		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Electrical Contracting					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
President Name Theodore Kounavis			Vice-President Name Paul M. Richard		
Street Address 46 Elena Street			Street Address 23 Timberland Drive		
City N. Providence	State RI	Zip 02904	City Lincoln	State RI	Zip 02865
Secretary Name Henry L. Richard			Treasurer Name Gregory D. Richard		
Street Address 186 Old River Road#8			Street Address 11 Oak Hill Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
Director Name Henry L. Richard Jr.			Director Name Gregory D. Richard		
Street Address 186 Old River Road#8			Street Address 11 Oak Hill Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Director Name Paul M. Richard			Director Name Theodore Kounavis		
Street Address 23 Timberland Drive			Street Address 46 Elena Street		
City Lincoln	State RI	Zip 02865	City N. Providence	State RI	Zip 02904
9. SHARES AUTHORIZED <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.					
10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
0		0		0	

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

JAN 23 2014

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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.

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative