



**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.

|   |                    |   |   |                     |                     |
|---|--------------------|---|---|---------------------|---------------------|
| 1. Entity ID No.<br><b>000504545</b>  |                    | 2. Exact name of the Corporation<br><b>New England Electrical Contracting Corporation</b> |   |                     |                     |
| 3. Principal office address<br><b>21 Marion Drive</b>   |                    | City<br><b>Kingston</b>   | State<br><b>MA</b>  | Zip<br><b>02364</b> |                     |
| 4. Business Phone No.<br><b>(781) 585-0040</b>  |                    | 5. State of Incorporation<br><b>MA</b>  |   |                     |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Electrical Contracting for cell phone towers</b>                            |                    |   |   |                     |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |   |   |                     |                     |
| President Name<br><b>Kevin Farrell</b>  |                    |   | Vice-President Name   |                     |                     |
| Street Address<br><b>21 Marion Drive</b>  |                    |   | Street Address  |                     |                     |
| City<br><b>Kingston</b>   | State<br><b>MA</b> | Zip<br><b>02364</b>   | City  | State               | Zip                 |
| Secretary Name<br><b>Kevin Farrell</b>  |                    |   | Treasurer Name<br><b>Kevin Farrell</b>                              |                     |                     |
| Street Address<br><b>21 Marion Drive</b>  |                    |   | Street Address<br><b>21 Marion Drive</b>                            |                     |                     |
| City<br><b>Kingston</b>   | State<br><b>MA</b> | Zip<br><b>02364</b>   | City<br><b>Kingston</b>   | State<br><b>MA</b>  | Zip<br><b>02364</b> |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |   |   |                     |                     |
| Director Name<br><b>Kevin Farrell</b>   |                    |   | Director Name   |                     |                     |
| Street Address<br><b>21 Marion Drive</b>  |                    |   | Street Address  |                     |                     |
| City<br><b>Kingston</b>   | State<br><b>MA</b> | Zip<br><b>02364</b>   | 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 type="checkbox"/> |                     |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.<br>See Section 9 of instruction sheet. |                    |   | NUMBER OF SHARES  | CLASS/SERIES        | PAR VALUE           |
|   |                    |   | <b>200</b>  | <b>CNP</b>          | <b>0.00</b>         |
|   |                    |   |   |                     |                     |

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 31 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 **01/24/2014**

**Kevin Farrell**

Print or Type Name of Authorized Representative