



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 2010

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

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 2014 JAN 31 PM 1:00
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 2014 JAN 27 PM 1:14

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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KM

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