



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

2014 FEB 10 PM 2:23
SECRETARY OF STATE
CORPORATIONS DIV

1. Entity ID No. 535092		2. Exact name of the limited liability company 2 Sons Electric LLC			
3. State of Formation RZ		4. Brief description of the character of business conducted in Rhode Island Electrical work			
5. Principal office address 181 Martin St.		City East Providence		State RI	Zip 02914
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Charles Whitehead		Contact Title Partner/owner			
Street Address 181 Martin St.		City E. Providence		State RZ	Zip 02914
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name David Costa		Manager Name Charles Whitehead			
Street Address 181 Martin St		Street Address 264 Pine Orchard Rd			
City E. Providence	State RZ	Zip 02914	City Glocester	State RZ	Zip 02814
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

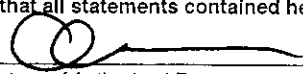
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FEB 10 2014

By 216 840

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 Person
Charles Whitehead
Print or Type Name of Authorized Person
Date **2/10/14**

File Date
Check No.
By:
FOR SECRETARY OF STATE USE ONLY