

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.

1. Entity ID No. 2. Exact name of the Corporation						
97069	Kenne	Kenney & Bishop Electric, Inc.				
3. Principal office address 14 Knollcrest Drive			City Lincoln	State RI	Zip 02864	
4. Business Phone No. 401 648 1012			5. State of Incorporation Rhode Island			
, ,		s conducted in Rhode Island ousiness for the purpo		al contractor.		
Austau Wofficers	Names and addi	RESSES) ("X" BOX FOR AT			arki a kaza Maria da Faria da Kaba	
President Name Joseph J. Kenney			Vice-President Name Charles A. Bishop Jr.			
Street Address 14 Knollcrest Drive			Street Address 30 Walker Ave			
City Cumberland	State RI	Zip 02864	City Lincoln	State RI	Zip 02865	
Secretary Name Joseph J. Kenney			Treasurer Name Charles A. Bishop Jr.			
Street Address 14 Knollcrest Drive			Street Address 30 Walker Ave			
City Cumberland	State RI	Zip 02864	City Lincoln	State RI	Zip 02865	
LUST ALL DIRECTORS	(NAMES AND ADD	RESSES) ("X" BOX FOR A	TTACHMENT)			
Director Name Joseph J. Kenney			Director Name Charles A. Bishop Jr.			
Street Address 14 Knollcrest Drive			Street Address 30 Walker Ave			
City Cumberland	State RI	Zip 02864	City Lincoln	State RI	Zip 02865	
irector Name			Director Name		•	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
. SHARES AUTHORIZED			10. SHARES ISSUE	"X" BOX FOR ATTAC	HMENT)	
		<u>د این ایمان اوارد میماه این جادی این این به </u>	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
his information is currently of record in the Office of the Secretary f State. Changes require an additional filing. ee Section 9 of instruction sheet.			2000	common	none	
This report must be execu		corporation by an authorized st be executed on behalf of t	•	-	ls of a receiver or trustee,	
	e nik kan g menungkan	FILED			rm that I have examined schedules and statemen	

FILEU FILEU	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.
Check No. FEB 1 9 2014	mes Akanny 01/24/2014
By:	Signature of Authorized Representative Date
FOR SECRETARY OF STATE USE ONLY	Joseph J. Kenney (President)
	Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012