



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. 000733261		2. Exact name of the Corporation Munro Distributing Co., Inc.			
3. Principal office address 14951 Dallas Parkway		City Dallas	State TX	Zip 75254	
4. Business Phone No. 972-308-9785		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island Wholesale electrical supply distribution					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Christopher P. Hartmann		Vice-President Name Amanda J. Malburg			
Street Address 14951 Dallas Parkway		Street Address 14951 Dallas Parkway			
City Dallas	State TX	Zip 75254	City Dallas	State TX	Zip 75254
Secretary Name John C. Gschwind		Treasurer Name Gary Hibbs			
Street Address 1000 Bridgeport Ave. 5th Floor		Street Address 14951 Dallas Parkway			
City Shelton	State CT	Zip 06484	City Dallas	State TX	Zip 75254
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Christopher P. Hartmann		Director Name Scott Munro			
Street Address 14951 Dallas Parkway		Street Address 1000 Bridgeport Ave. 5th Floor			
City Dallas	State TX	Zip 75254	City Shelton	State CT	Zip 06484
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	
		50	Voting Common	None	
		4950		None	

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 _____

FILED

Check No _____

By: _____

MAR 17 2014

FOR SECRETARY OF STATE USE ONLY

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.

Amanda J. Malburg
Signature of Authorized Representative

3/10/14
Date

Amanda J. Malburg

Print or Type Name of Authorized Representative