



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 _____

MAR 17 2014

By: _____

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 3/10/14
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

1110 33882

Amanda J. Malburg
 Print or Type Name of Authorized Representative