

2. Name of Corporation

1. Corporate ID No.

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 20/4

401.222.30Filling Period: January 1 - March 1 • Filling Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(cord)) is subject to a profile for 6 \$25.00. subject to a penalty fee of \$25.00.

113831	Independe	ent Electrical Corporation			
3. Street Address Principal Business Office 49 Grove Lane			City Pascoag	State RI	<i>Ζιρ</i> <b>02859</b>
		5. State of Incorporation Rhode Island			
6. Brief Description of the Char Commercial, Residentia	acter of Business Condu al and Industrial El	cted in Rhode Island ectrical Installations			
7. NAMES AND ADDRES	SSES OF THE OFF	CERS: (*X* BOX-POR ATT	<i>ACHMENT)</i>   FILL IN	SPACES BEFORE USING	ATTACHMENTS
President Name	3, 1100		Vice President Name	10.000 AR 11.500 A 20.51 A Pril 10.10 A 11.50 A 11.50 A 10.00 A 10.00 A 10.50 A 10.50 A 10.50 A 10.50 A 10.50 A	Perconductivation of the Control of
John Actis, Jr.			Sheri Actis		
Street Address 49 Grove Lane			Street Address 49 Grove Lane		
<sup>City</sup> Pascoag	State RI	<i><sup>Zip</sup></i> 02859	City Pascoag	State RI	<sup>Ζψ</sup> 0 <b>2</b> 859
Secretary Name John Actis, Jr.			Treasurer Name John Actis, Jr.		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRES	SES OF THE DIR	CTORS: ("X" BOX FOR AT	TACHMBNT) ☐ FILL B	n spaces before usin	G ATTACHMENTS
Director Name		The second secon	Director Name	isterikasopitaspara,, preprintera (hengés) - Hja (ligsapayobiton)	
John Actis, Jr.	<u> </u>				
Street Address			Street Address		
49 Grove Lane	State				
Pascoag	RI	<sup>Zip</sup> 02859	City	State	Zip
Director Name			Director Name		
	<del>- · · · · · · · · · · · · · · · · · · ·</del>				
treet Address			Street Address		
City	State	Zip	City	State	Zip
) SHARES AUTHORIZE			10. SHARES ISSUED	CX BOX FOR ATTAG	
			ISSUED SHARES — THIS SE	CTION <u>MUST</u> BE COMPLETED	A STATE OF THE PARTY OF THE PAR
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
			500	Common	No Par
			THE SEC		
This report must be execu	uted on behalf of the	ne corporation by an authoriz	ed representative. If the c	corporation is in the hand	s of a receiver or trustee.
his report must be execu	ted on behalf of th	e corporation by the receiver	or trustee.		· · · · · · · · · · · · · · · · · · ·
		FILED			
		MAR 1 8 2014	Under penalty of p	perjury, I declare and affirm t	that I have examined this repor
hadi olik ya akay ya wa Marekin katakin ya ka akana wa walayayay ka ya		אורטוע ויט אַנאַןיי	including any acci	ompanying schedules and sta	tements, and that all statemen
			contained herein/	re true and correct.	2511
File Date		BY Min	John	2	d-2-14
Check No.	August Sunga <sub>da</sub> Cusa (de do) Sunga da Cusa (de do)	1/29-2200	Signature JOHA	LACTIS JE	, 2-5-14
<b>B</b> jektione abstrukkende a		INVIVADO	/	2	
	STATUTE LINE AND LESS		President		
FOR SECRETARY O	COLORED UNIT		Title	····	Form 630 Pey 08/08
					HOTTO CALL May 119/119