



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2014

Filing Period: January 1 - March 1 • **Filing 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(e), 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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 113831		2. Name of Corporation Independent Electrical Corporation			
3. Street Address Principal Business Office 49 Grove Lane			City Pascoag	State RI	Zip 02859
4. Business Phone No. (401) 568-9233		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Commercial, Residential and Industrial Electrical Installations					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John Actis, Jr.			Vice President Name Sheri Actis		
Street Address 49 Grove Lane			Street Address 49 Grove Lane		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
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 ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John Actis, Jr.			Director Name		
Street Address 49 Grove Lane			Street Address		
City Pascoag	State RI	Zip 02859	City	State	Zip
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"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares 500		Class/Series Common		Par Value No Par	
THIS SECTION MUST BE COMPLETED					

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.

FILED

MAR 18 2014

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.

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

Signature JOHN ACTIS JR	Date 2-5-14
Print or Type Name President	
Title	