



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

A. Ralph Molits, 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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 248927		2. Name of Corporation Power Trip Electric, Inc.			
3. Street Address Principal Business Office 34 Rise-N-Sun Drive			City Hope	State RI	Zip 02831
4. Business Phone No. 265-2380		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Electrical contracting					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gerald M. Lepore, Jr.			Vice President Name Susan A. Lepore		
Street Address 34 Rise-N-Sun Drive			Street Address 84 Gale Avenue		
City Hope	State RI	Zip 02831	City Cranston	State RI	Zip 02831
Secretary Name Gerald M. Lepore, Jr.			Treasurer Name Gerald M. Lepore, Jr.		
Street Address 34 Rise-N-Sun Drive			Street Address 34 Rise-N-Sun Drive		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None.			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 1,000 No Par Value			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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series N/A	Par Value No Par Value

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

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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.

Signature

3/17/14  
Date

Gerald M. Lepore, Jr.

Print or Type Name

President

Title

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