



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. 95533 | | 2. Exact name of the Corporation GREENWICH ELECTRONICS, INC | | | |
| 3. Principal office address 75 HARWOOD ROAD | | | City MONROE TOWNSHIP | State NJ | Zip 08831 |
| 4. Business Phone No. 609-619-3698 | | | 5. State of Incorporation RHODE ISLAND | | |
| 6. Brief description of the character of business conducted in Rhode Island SALE AND DISTRIBUTUION OF ELECTRONIC COMPONENTS | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name William S. La Londe | | | Vice-President Name Susanne S. La Londe (1)/ Todd J. La Londe (2) | | |
| Street Address 75 Harwood Rd | | | Street Address (1) see Treasurer/ (2) 45 Hawaii Drive | | |
| City Monroe Township | State NJ | Zip 08831 | City Aliso Viejo | State CA | Zip 92656 |
| Secretary Name William S. La Londe | | | Treasurer Name Susanne S. La Londe | | |
| Street Address 75 Harwood Rd | | | Street Address 75 Harwood Rd. | | |
| City Monroe Township | State NJ | Zip 08831 | City Monroe Township | State NJ | Zip 08831 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name William S. La Londe | | | Director Name Susanne S. La Londe | | |
| Street Address As Above | | | Street Address As Above | | |
| City | State | Zip | City | State | Zip |
| Director Name Todd J. La Londe | | | Director Name | | |
| Street Address 45 Hawaii Drive | | | Street Address | | |
| City Aliso Viejo | State CA | Zip 92656 | 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 |
| | | | 10 | COMMON | No Par |
| | | | | | |

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 _____

JUL 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.

William S. La Londe 07/14/2014
 Signature of Authorized Representative Date

William S. La Londe
 Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY BY 1008