

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

~~2013~~ 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. 000787897		2. Exact name of the Corporation MAR Electrical Contractors Inc.			
3. Principal office address 222 Jefferson Boulevard, Suite 200			City Warwick	State RI	Zip 02888
4. Business Phone No. 508-498-3711			5. State of Incorporation MA		
6. Brief description of the character of business conducted in Rhode Island Electrical Contractor					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name Michael Robinson			Vice-President Name Jason Robinson		
Street Address 67 Elm Street			Street Address 7 Spruce Street		
City Franklin	State MA	Zip 02038	City Foxboro	State MA	Zip 02035
Secretary Name Michael Robinson			Treasurer Name Michael Robinson		
Street Address 67 Elm Street			Street Address 67 Elm Street		
City Franklin	State MA	Zip 02038	City Franklin	State MA	Zip 02038
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name Michael Robinson			Director Name		
Street Address 67 Elm Street			Street Address		
City Franklin	State MA	Zip 02038	City	State	Zip
Director Name Tara Robinson			Director Name		
Street Address 67 Elm Street			Street Address		
City Franklin	State MA	Zip 02038	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
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
			0	Common	0

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 _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

JUL 18 2014

BY 1330

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.

Michael A. Robinson
 Signature of Authorized Representative _____ Date _____

Michael A. Robinson
 Print or Type Name of Authorized Representative