

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within shirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 119278		ct name of the limited liability company DElectric, LLC					
3. State of Formation 4. Brief description of the character of the Undertake performance of e			on of the character of the t performance of ele	e business which is actually conducted in Rhode Island electrical contracting services to residential and commercial properties			
5. Principal office address 49 Trolley Lane				City Westerly	State RI	_{Zip} 02891	
6. MAILING AD Contact Name David Roberts		MITED LIAB	ILITY COMPANY AN	D NAME OR TITLE OF CONT. Contact Title	ACT PERSON:		
Street Address 49 Trolley Lane				City Westerly	State RI	<i>Ζι</i> φ 0289 1	
7. NAME AND A	DDRESS OF			ED LIABILITY COMPANY, IF A ING ATTACHMENTS ("X" BO	APPLICABLE - <u>DO NO</u> IX FOR ATTACHMENT)		
Manager Name None				Manager Name	Manager Name		
Street Address				Street Address	Street Address		
City [,]		State	Zip	City	State	Ζίρ	
Manager Name		••••••		Manuger Name		J	
Street Address				Street Address	Street Address		
City	13	State	Ζψ	City	State	Zip	
8. RESIDENT ACT			I Office of the Secretary	e of State. Changes require filing	of Form 642 - R.I.G.L. 7-1	16-11	

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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

119278

File Date				
Check No.	gram nigron			
Ву:				
FOR SECRETARY OF STATE USE ONLY				

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.

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Signature of Authorized Person

lr.

David Robertson, Jr.

Print or Type Name of Authorized Person

9/12/14