



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 **2015**

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. 6950		2. Exact name of the Corporation S. & K. Electric, Inc.		
3. Principal office address 4808 Old Post Road		City Charlestown	State RI	Zip 02813
4. Business Phone No. 401 364-3490		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Electrical, heating & plumbing				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Kenneth W. Puckett		Vice-President Name Kenneth B. Puckett		
Street Address P. O. Box 613		Street Address 711 Tuckertown Road		
City Charlestown	State RI	Zip 02813	City Wakefield	State RI
Secretary Name Linda E. Puckett		Treasurer Name Barbara Doyle		
Street Address P. O. Box 613		Street Address 76 Brookside Drive		
City Charlestown	State RI	Zip 02813	City North Kingstown	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Kenneth W. Puckett		Director Name		
Street Address P. O. Box 613		Street Address		
City Charlestown	State RI	Zip 02813	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
8000		common		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.

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

FEB 05 2015

BY 7788

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.

Kenneth W. Puckett 1-17-2015
Signature of Authorized Representative Date

Kenneth W. Puckett
Print or Type Name of Authorized Representative