



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. <u>54045</u>		2. Exact name of the Corporation <u>OZEL ELECTRIC INC.</u>			
3. Principal office address <u>34 Circle Dr.</u>			City <u>COVENTRY</u>	State <u>R.I.</u>	Zip <u>02816</u>
4. Business Phone No. <u>401-397-4665</u>		5. State of Incorporation <u>R.I.</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Electrical Wiring</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>Joseph J. Ozel Jr.</u>			Vice-President Name <u>Joseph J. Ozel</u>		
Street Address <u>34 Circle Dr.</u>			Street Address <u>34 Circle Dr.</u>		
City <u>COVENTRY</u>	State <u>R.I.</u>	Zip <u>02816</u>	City <u>COVENTRY</u>	State <u>R.I.</u>	Zip <u>02816</u>
Secretary Name <u>/</u>			Treasurer Name <u>Gail Ozel</u>		
Street Address			Street Address <u>34 Circle Dr.</u>		
City	State	Zip	City <u>COVENTRY</u>	State <u>R.I.</u>	Zip <u>02816</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			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			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
			<u>100</u>	<u>COMMON</u>	<u>No Par Value</u>

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

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.

FILED

FEB 13 2015

BY 10/15

Signature of Authorized Representative

Joseph J. Ozel Jr.

Print or Type Name of Authorized Representative

2/10/15
Date