



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. 000294752		2. Exact name of the Corporation U.S. ELECTRICAL SERVICES, INC.								
3. Principal office address 701 MIDDLE STREET		City MIDDLETOWN	State CT	Zip 06457						
4. Business Phone No. (860) 548-3505		5. State of Incorporation CT								
6. Brief description of the character of business conducted in Rhode Island ELECTRICAL SUPPLIES DISTRIBUTOR										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name RANDY EDDY			Vice-President Name DAN WILLISON							
Street Address 701 MIDDLE STREET			Street Address 701 MIDDLE STREET							
City MIDDLETOWN	State CT	Zip 06457	City MIDDLETOWN	State CT	Zip 06457					
Secretary Name DAVID T. BRADFORD			Treasurer Name RANDY EDDY							
Street Address 1920 WESTRIDGE DRIVE			Street Address 701 MIDDLE STREET							
City IRVING	State TX	Zip 75038	City MIDDLETOWN	State CT	Zip 06457					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name H. DEAN BURSCH			Director Name RANDY EDDY							
Street Address 1920 WESTRIDGE DRIVE			Street Address 701 MIDDLE STREET							
City IRVING	State TX	Zip 75038	City MIDDLETOWN	State CT	Zip 06457					
Director Name KEITH W. COLBURN			Director Name							
Street Address 555 SKOKIE BLVD., SUITE 555			Street Address							
City NORTHBROOK	State IL	Zip 60062	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		
						0		align="right">\$50		

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: _____

FILED

MAR 02 2015

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.

Signature of Authorized Representative

2/27/2015
Date

FOR SECRETARY OF STATE USE ONLY BY 1295761

DAVID T. BRADFORD

Print or Type Name of Authorized Representative