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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 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.	2. Exact name of the Corporation		
000023759	E B I ELECTRONICS, INC.		
3. Principal office address: 621 LINCOLN STREET	City: SEEKONK	State: MA	Zip: 02771
4. Business Phone No.: 508-336-7450	5. State of Incorporation: NH		

6. Brief description of the character of business conducted in Rhode Island
SALES AND SERVICE OF ELECTRONIC EQUIPMENT

2015 MAR 26 AM 10:11
RECEIVED
SECRETARY OF STATE
CORPORATIONS DIVISION

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
CHARLES REHBEIN	25 WOODMONT DRIVE	CRANSTON	RI	02910
Vice-President Name	**Street Address**	**City**	**State**	**Zip**
RALPH A. REHBEIN	50 LINDEN ROAD	SEEKONK	MA	02771
Secretary Name	**Street Address**	**City**	**State**	**Zip**
ROBERT R HOWARD III	PROCTOR SQ	HENNIKER	NH	03242
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
CHARLES REHBEIN	25 WOODMONT DRIVE	CRANSTON	RI	02920

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
CHARLES REHBEIN	25 WOODMONT DRIVE	CRANSTON	RI	02910
Director Name	**Street Address**	**City**	**State**	**Zip**
RALPH A. REHBEIN	50 LINDEN ROAD	SEEKONK	MA	02771
Director Name	**Street Address**	**City**	**State**	**Zip**
Director Name	**Street Address**	**City**	**State**	**Zip**

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	28,960	CWP	.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.

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.

Ralph Rehbein 3/23/15
Signature of Authorized Representative — Date

Ralph A. Rehbein
Print or Type Name of Authorized Representative

File Date _____
Check No _____
By: _____

FOR SECRETARY OF STATE USE ONLY

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MAR 26 2015
By 245587
A.A. 10:12 A.M.

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Form No. 630
Revised: 01/2012