STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown,** Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
800	AL'S ELECTRIC, INC.			
3. Street Address Principal Business Office		City	State	Zip
184 Obed Avenue		North Providence	RI	02904
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(401) 725-8552	RHODE ISLAND			273

7. Brief Description of the Character of Business Conducted in Rhode Island
ELECTRICAL WORK

8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Gerald T. Olean			David Penta		
Street Address			Street Address		
184 Obed Avenue			31 Monticello Street		
City	State	Zip	City	State	Zip
North Prov.	RI	02904	North Prov.	RI	02904
Secretary Name			**Treasurer Name**		
Gerald T. Olean			Gerald T. Olean		
Street Address			Street Address		
184 Obed Avenue			184 Obed Avenue		
City	State	Zip	City	State	Zip
North Prov.	RI	02904	North Prov.	RI	02904

9. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
NONE			NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			**Director Name**		
NONE			NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000		NO PAR VALUE	NONE		

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

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.

David Penta 2-4-05
Signature of Officer *Date*

David Penta
Print or Type Name of Officer

Vice President
Title of Officer

[redacted]

File Date 2-4-05
Check No. 60329
By: DL

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