



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

|  |                    |  |                            |                           |
|--|--------------------|--|----------------------------|---------------------------|
| 1. Corporate ID No.<br><b>800</b>  |                    | 2. Name of Corporation<br><b>AL'S ELECTRIC, INC.</b> |                            |                           |
| 3. Street Address Principal Business Office<br><b>184 Obed Avenue</b>  |                    | City<br><b>North Providence</b>                      | State<br><b>RI</b>         | Zip<br><b>02904</b>       |
| 4. Business Phone No.<br><b>(401) 725-8552</b>   |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>     |                            | 6. SIC Code<br><b>273</b> |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br><b>ELECTRICAL WORK</b>                              |                    |  |                            |                           |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |                    |  |                            |                           |
| President Name<br><b>Gerald T. Olean</b>   |                    | Vice President Name<br><b>David Penta</b>            |                            |                           |
| Street Address<br><b>184 Obed Avenue</b>   |                    | Street Address<br><b>31 Monticello Street</b>        |                            |                           |
| City<br><b>North Prov.</b>   | State<br><b>RI</b> | Zip<br><b>02904</b>                                  | City<br><b>North Prov.</b> | State<br><b>RI</b>        |
| Secretary Name<br><b>Gerald T. Olean</b>   |                    | Treasurer Name<br><b>Gerald T. Olean</b>             |                            |                           |
| Street Address<br><b>184 Obed Avenue</b>   |                    | Street Address<br><b>184 Obed Avenue</b>             |                            |                           |
| City<br><b>North Prov.</b>   | State<br><b>RI</b> | Zip<br><b>02904</b>                                  | City<br><b>North Prov.</b> | State<br><b>RI</b>        |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |                    |  |                            |                           |
| Director Name<br><b>NONE</b>   |                    | Director Name<br><b>NONE</b>                         |                            |                           |
| Street Address   |                    | Street Address                                       |                            |                           |
| City   | State              | Zip  | City                       | State                     |
| Director Name<br><b>NONE</b>   |                    | Director Name<br><b>NONE</b>                         |                            |                           |
| Street Address   |                    | Street Address                                       |                            |                           |
| City   | State              | Zip  | City                       | State                     |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |  |                            |                           |
| 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |  |                            |                           |
| AUTHORIZED SHARES  |                    | ISSUED SHARES  |                            |                           |
| Number of Shares   | Class/Series       | Par Value  | Number of Shares           | Class/Series              |
| <b>1,000 NO PAR VALUE</b>  |                    |  | <b>NONE</b>                |                           |
|  |                    |  |                            |                           |

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



\* 8 0 0 \*

|                                 |                |
|---------------------------------|----------------|
| File Date                       | <b>2/17/04</b> |
| Check No.                       | <b>6142</b>    |
| By:                             | <b>IS.</b>     |
| 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.

**Gerald T. Olean** **2/12/04**  
Signature of Officer Date  
**Gerald T. Olean**  
Print or Type Name of Officer  
**President**  
Title of Officer