Office of the Secretary of State

100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 800
2. Name of Corporation: AL'S ELECTRIC, INC.
3. Street Address Principal Business Office: 184 OBED AVENUE — City: NORTH PROVIDENCE — State: RHODE ISLAND — Zip: 02904
4. Business Phone No.: 401-725-8552
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 273
7. Brief Description of the Character of Business Conducted in Rhode Island

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

President Name: GERALD T. OLEAN
Street Address: 184 OBED AVENUE
City: NORTH PROVIDENCE State: RHODE ISLAND Zip: 02904

Vice President Name: DAVID PENTA
Street Address: 31 MONTICELLO STREET
City: NORTH PROVIDENCE State: RHODE ISLAND Zip: 02904

Secretary Name: GERALD T. OLEAN
Street Address: 184 OBED AVENUE
City: NORTH PROVIDENCE State: RHODE ISLAND Zip: 02904

Treasurer Name: GERALD T. OLEAN
Street Address: 184 OBED AVENUE
City: NORTH PROVIDENCE State: RHODE ISLAND Zip: 02904

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

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

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

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

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

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	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]

* 8 0 0 *

File Date: 2-4-02

Check No.: 5730

By: [signature]

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.

[signature] 1-23-02
Signature of Officer *Date*

GERALD T. OLEAN
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 12/01