STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

ELECTRICAL WORK.

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: 1/12

Check No.: 6511

By: [redacted]

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.

[redacted] 1/8/01
Signature of Officer *Date*

GERALD T. OLEAN
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 12/00