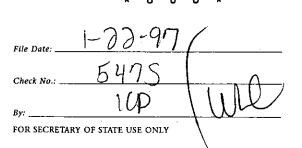


James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

## PROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BL.						COMPLETIN THIS FORM
1. Corporate ID No.	2. Name of Corporati					
800 3. Street Address Principal Business	AL'S ELECT	RIC, INC.	City			7
184 Obed Ave			·	Sta		Zip
4. Business Phone No. 401-725-8552	irue	5. State of Incorporation RHODE ISLAND	North P	rovidence	RI	02904 6. SIC Code 0273
7. Brief Description of the Characte Electrical We		Rhode Island				
8. NAMES AND ADDRES President Name	SSES OF THE OFFIC	CERS ("X" BOX FOR ATTACHE	MENT) Vice President Nar	ne	•	e e e
Gerald T Olea	an			same		
Street Address 184 Obed Avei	nue		Street Address			
City	State	Zip	City	Sta	te	Zip
North Prov Secretary Name	RI	02904	Treasurer Name			
Street Address	same		Street Address	same		
City	State	Zip	City	Sta	te	Zip
9. NAMES AND ADDRES Director Name	SES OF THE DIREC	CTORS ("X" BOX FOR ATTAC	CHMENT)  Director Name			
Street Address	"none"		Street Address	"none"		
City	State	Zip	City	Sta	te	Zip
Director Name			Director Name			÷
Street Address	"none"		Street Address	"none"		
City	State	Zip	City	Sta	te	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D AND ISSUED ("X	" BOX FOR ATTACHMENT)	ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Cla	ss/Series	Par Value
1000 SHS NO PAR V	AL		none	·	· <del>·</del>	
	*	•	•		••••	
his report must be <b>sign</b>	 <b>ed in ink</b> bv eithe	r the President. Vice Pr	esident. Secret		cretary. Treasure	r. Receiver or Trust
-	•	•	,	**	,,	, <del></del>



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.

Bald Olean	1-7-97
Signature of Officer	Date
a 11 m 01	

Gerald T. Olean

Print or Type Name of Officer President Title of Officer