



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. 141500		2. Name of Corporation BOGAN, INC.		
3. Street Address Principal Business Office 10701 EAST LITE STREET		City TULSA	State OK	Zip 74116
4. Business Phone No. (918) 838-8822		5. State of Incorporation PENNSYLVANIA		6. SIC Code 3889
7. Brief Description of the Character of Business Conducted in Rhode Island ELECTRICAL CONSTRUCTION, INSTRUMENTATION, FIBER OPTICS AND TELECOMMUNICATIONS				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name VANCE R. DAVIS		Vice President Name JAMES BOGAN		
Street Address 10701 EAST LITE STREET		Street Address 10701 EAST LITE STREET		
City TULSA	State OK	Zip 74116	City TULSA	State OK
Secretary Name JOE NESTEL		Treasurer Name AL FOSBENNER		
Street Address 10701 EAST LITE STREET		Street Address 10701 EAST LITE STREET		
City TULSA	State OK	Zip 74116	City TULSA	State OK
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name BRADLEY S. VETAL		Director Name LES AUSTIN		
Street Address 10701 EAST LITE STREET		Street Address 10701 EAST LITE STREET		
City TULSA	State OK	Zip 74116	City TULSA	State
Director Name VANCE R. DAVIS		Director Name		
Street Address 10701 EAST LITE STREET		Street Address		
City TULSA	State OK	Zip 74116	City	State
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
1,000 COMM NO PAR VALUE		\$1.00	15	Common
				\$1.00

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



141500

File Date	FILED	10/11/4683
Check No.	MAR 14 2005	
By:	By <u>CB</u>	
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.

Vance Davis 1-13-05
Signature of Officer Date
VANCE R. DAVIS
Print or Type Name of Officer
PRESIDENT
Title of Officer