



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. 44000		2. Name of Corporation L.K. COMSTOCK & COMPANY, INC.		
3. Street Address Principal Business Office One North Lexington Avenue		City Whiteplain	State NY	Zip 10601
4. Business Phone No. (914) 323-3000		5. State of Incorporation NEW YORK		6. SIC Code 273
7. Brief Description of the Character of Business Conducted in Rhode Island ELECTRICAL CONSTRUCTION				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name C. William Moore		Vice President Name Kenneth J. Bauer		
Street Address One North Lexington Avenue		Street Address One North Lexington Avenue		
City Whiteplain	State NY	Zip 10601	City Whiteplain	State NY
Secretary Name Edward T. Byrne		Treasurer Name Robert Hirschenfeld		
Street Address 46-60 55th Avenue		Street Address One North Lexington Avenue		
City Maspeth	State NY	Zip 11378	City Whiteplain	State NY
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Kenneth J. Bauer		Director Name Michael Rivera		
Street Address One North Lexington Avenue		Street Address One North Lexington Avenue		
City Whiteplain	State NY	Zip 10601	City Whiteplain	State NY
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value		
1,500 COMM \$ .25 PAR VALUE				
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES				
Number of Shares	Class/Series	Par Value		
1200	Comm	.25		

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



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File Date	1-20-04
Check No.	602063
By:	
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 of Officer  
Kenneth J. Bauer  
Print or Type Name of Officer  
Director & CFO  
Title of Officer  
1/16/04  
Date