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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED 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 Ave. | *City* White Plains | *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 Contractor

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

President Name C. William Moore
Street Address one north Lexington Ave
City White Plains | *State* NY | *Zip* 10601

Vice President Name Karen Ferri
Street Address one north Lexington ave
City White Plains | *State* NY | *Zip* 10601

Secretary Name Edward T. Byrne
Street Address 46-60 55th. Ave
City Maspeth | *State* NY | *Zip* 11378

Treasurer Name Robert Hirschenfeld
Street Address one north Lexington Ave
City White Plains | *State* NY | *Zip* 10601

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

Director Name John Kenney
Street Address 6225 Smith Ave.
City Baltimore | *State* MD | *Zip* 21209

Director Name John Polaty
Street Address 6225 Smith Ave.
City Baltimore | *State* MD | *Zip* 21209

Director Name
Street Address
City | *State* | *Zip*

Director Name
Street Address
City | *State* | *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,500	COMM	$.25 PAR VALUE

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

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

[redacted]

44000

File Date: 4.8.02

Check No.: 4479

By: [signature]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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] 2/26/02
Signature of Officer | *Date*

John Quigley
Print or Type Name of Officer

Asst. Sec.
Title of Officer

Form 630 12/01 401