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. 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 Construction

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

President Name: C. William Moore
Street Address: 1 North Lexington Ave
City: White Plains | State: NY | Zip: 10601

Vice President Name: Keith George
Street Address: 6990-6 Jones Mills Court
City: Norcross | State: GA. | Zip: 30092

Secretary Name: Edward T. Byrne
Street Address: 46-16 55TH AVE
City: Maspeth | State: NY | Zip: 11378

Treasurer Name: Robert Hirschfeld
Street Address: 1 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: Michael Agnella
Street Address: 6225 Smith Ave
City: Baltimore | State: MD | Zip: 21209

Director Name: John G Lantin
Street Address: 6225 Smith Ave
City: Baltimore | State: MD | Zip: 21209

Director Name: C. William Moore
Street Address: 1 North Lexington Ave
City: White Plains | State: NY | Zip: 10601

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

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1500	Comm	$.25

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

* 4 4 0 0 0 *

File Date: 3-16-01
Check No.: 10926
By: JC

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.

Peter J. Collins 2/27/01
Signature of Officer *Date*

Peter J. Collini
Print or Type Name of Officer

V/P-Tax
Title of Officer

Form 630 12/00