



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



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.

96500

2. Name of Corporation

American Electric Service, Inc.

3. Street Address Principal Business Office

19 South Locust Ave.

4. Business Phone No.

401-231-7133

5. State of Incorporation

RHODE ISLAND

City

N. Providence

State

RI

Zip

02911

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

Thomas Reali

Street Address

27 Brookdale Dr.

City

W. Warwick

State

RI

Zip

02893

Secretary Name

Stephen Reali

Street Address

19 South Locust Ave.

City

N. Providence

State

RI

Zip

02911

Vice President Name

Jennine Reali

Street Address

19 South Locust Ave.

City

N. Providence

State

RI

Zip

02911

Treasurer Name

Jennine Reali

Street Address

19 South Locust Ave.

City

N. Providence

State

RI

Zip

02911

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

8,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

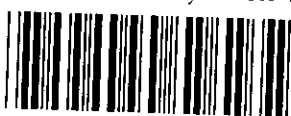
Par Value

817

Comm.

No Par Value

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



* 9 6 5 0 0 *

File Date: 4-9-02

Check No.: 486

By: [Signature]

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.

Jennine Reali 3/31/02

Signature of Officer

Date

Jennine Reali

Print or Type Name of Officer

V. Pres & Tres.

Title of Officer