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.	2. Name of Corporation			
66600	Wayne Electric, Inc.			
3. Street Address Principal Business Office		City	State	Zip
45 Sandra Court		Bristol	RI	02809
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(401) 253-3251	RHODE ISLAND			273

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE ELECTRICIAN BUSINESS; TO INSTALL ELECTRICALWORK & WIRING IN RESIDENTIAL & COMMERCIAL BUILDINGS

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

President Name	Street Address	City	State	Zip
Wayne A. Gablinske	45 Sandra Court	Bristol	RI	02809

Vice President Name	Street Address	City	State	Zip
Wayne A. Gablinske	45 Sandra Court	Bristol	RI	02809

Secretary Name	Street Address	City	State	Zip
Wayne A. Gablinske	45 Sandra Court	Bristol	RI	02809

Treasurer Name	Street Address	City	State	Zip
Wayne A. Gablinske	45 Sandra Court	Bristol	RI	02809

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

Director Name	Street Address	City	State	Zip
Wayne A. Gablinske	45 Sandra Court	Bristol	RI	02809
None				
None				

Director Name	Street Address	City	State	Zip
None				
None				

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000	Common	No par

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

[redacted] [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 of Officer — *Date* 1/12/05

Wayne A. Gablinske
Print or Type Name of Officer

President
Title of Officer

File Date 1-19-05

Check No. 11311

Ex: Q

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03