

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 - Email: [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov) - Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000787897</b>		2. Exact name of the Corporation <b>MAR Electrical Contractors Inc.</b>			
3. Principal office address <b>222 Jefferson Boulevard, Suite 200</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
4. Business Phone No. <b>508-498-3711</b>			5. State of Incorporation <b>MA</b>		
6. Brief description of the character of business conducted in Rhode Island  <b>Electrical Contractor</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Michael A. Robinson</b>			Vice-President Name <b>Jason Robinson</b>		
Street Address <b>67 Elm Street</b>			Street Address <b>7 Spruce Street</b>		
City <b>Franklin</b>	State <b>MA</b>	Zip <b>02038</b>	City <b>Foxboro</b>	State <b>MA</b>	Zip <b>02035</b>
Secretary Name <b>Michael Robinson</b>			Treasurer Name <b>Michael Robinson</b>		
Street Address <b>67 Elm Street</b>			Street Address <b>67 Elm Street</b>		
City <b>Franklin</b>	State <b>MA</b>	Zip <b>02038</b>	City <b>Franklin</b>	State <b>MA</b>	Zip <b>02038</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Michael Robinson</b>			Director Name		
Street Address <b>67 Elm Street</b>			Street Address		
City <b>Franklin</b>	State <b>MA</b>	Zip <b>02038</b>	City	State	Zip
Director Name <b>Tara Robinson</b>			Director Name		
Street Address <b>67 Elm Street</b>			Street Address		
City <b>Franklin</b>	State <b>MA</b>	Zip <b>02038</b>	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>0</b>

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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FILED

DEC 28 2015

Form No. 630  
 Revised: 01/2012

BY KL 1660

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.

Michael Robinson 12/14/15  
 Signature of Authorized Representative Date

Michael A. Robinson  
 Print or Type Name of Authorized Representative