



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 ~ Website: www.sos.ri.gov

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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.<br><b>66600</b>                                                                                                                                                                         |                    | 2. Exact name of the Corporation<br><b>WAYNE ELECTRIC, INC.</b> |                                                                     |                     |                     |
| 3. Principal office address<br><b>116 Tupelo Street, Unit 5</b>                                                                                                                                          |                    | City<br><b>Bristol</b>                                          | State<br><b>RI</b>                                                  | Zip<br><b>02809</b> |                     |
| 4. Business Phone No.<br><b>(401) 640-6948</b>                                                                                                                                                           |                    | 5. State of Incorporation<br><b>Rhode Island</b>                |                                                                     |                     |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>To engage in the electrician business; to install electric work and wiring in residential and commercial buildings</b> |                    |                                                                 |                                                                     |                     |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                                                             |                    |                                                                 |                                                                     |                     |                     |
| President Name<br><b>Wayne A. Gablinske</b>                                                                                                                                                              |                    |                                                                 | Vice-President Name<br><b>Wayne A. Gablinske</b>                    |                     |                     |
| Street Address<br><b>48 Beach Road</b>                                                                                                                                                                   |                    |                                                                 | Street Address<br><b>48 Beach Road</b>                              |                     |                     |
| City<br><b>Bristol</b>                                                                                                                                                                                   | State<br><b>RI</b> | Zip<br><b>02809</b>                                             | City<br><b>Bristol</b>                                              | State<br><b>RI</b>  | Zip<br><b>02809</b> |
| Secretary Name<br><b>Wayne A. Gablinske</b>                                                                                                                                                              |                    |                                                                 | Treasurer Name<br><b>Wayne A. Gablinske</b>                         |                     |                     |
| Street Address<br><b>48 Beach Road</b>                                                                                                                                                                   |                    |                                                                 | Street Address<br><b>48 Beach Road</b>                              |                     |                     |
| City<br><b>Bristol</b>                                                                                                                                                                                   | State<br><b>RI</b> | Zip<br><b>02809</b>                                             | City<br><b>Bristol</b>                                              | State<br><b>RI</b>  | Zip<br><b>02809</b> |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                                                            |                    |                                                                 |                                                                     |                     |                     |
| Director Name<br><b>Wayne A. Gablinske</b>                                                                                                                                                               |                    |                                                                 | Director Name<br><b>None</b>                                        |                     |                     |
| Street Address<br><b>48 Beach Road</b>                                                                                                                                                                   |                    |                                                                 | Street Address                                                      |                     |                     |
| City<br><b>Bristol</b>                                                                                                                                                                                   | State<br><b>RI</b> | Zip<br><b>02809</b>                                             | City                                                                | State               | Zip                 |
| Director Name<br><b>None</b>                                                                                                                                                                             |                    |                                                                 | Director Name<br><b>None</b>                                        |                     |                     |
| Street Address                                                                                                                                                                                           |                    |                                                                 | Street Address                                                      |                     |                     |
| City                                                                                                                                                                                                     | State              | Zip                                                             | 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                                                    | CLASS/SERIES        | PAR VALUE           |
|                                                                                                                                                                                                          |                    |                                                                 | 1,000                                                               | Common              | No Par              |

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.

FILED

JAN 04 2016

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 Authorized Representative

**Wayne A. Gablinske**

Date

12/22/15

Print or Type Name of Authorized Representative

File Date \_\_\_\_\_  
Check No \_\_\_\_\_  
By: \_\_\_\_\_  
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