



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

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. 90193		2. Exact name of the Corporation Advance Electrical Corp.			
3. Principal office address 33 Appian Way			City Smithfield	State RI	Zip
4. Business Phone No. 4012325560			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island COMMERCIAL AND INDUSTRIAL ELECTRICAL SYSTEMS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John D. Dell'Oro			Vice-President Name Michael P. Murzycki		
Street Address 40 Byron Randall Road			Street Address 172 Blackstone Street		
City N. Scituate	State RI	Zip 02857	City Bellingham	State MA	Zip 02019
Secretary Name Michael P. Murzycki			Treasurer Name John D. Dell'Oro		
Street Address 172 Blackstone Street			Street Address 40 Byron Randall Road		
City Bellingham	State MA	Zip 02019	City N. Scituate	State RI	Zip 02857
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name John D. Dell'Oro			Director Name Michael P. Murzycki		
Street Address 40 Byron Randall Road			Street Address 172 Blackstone Street		
City N. Scituate	State RI	Zip 02857	City Bellingham	State MA	Zip 02019
Director Name			Director Name		
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
			200	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

File Date **FEB 12 2016**
 Check No **0228515**
 BY _____

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 Date **2/3/16**

FOR SECRETARY OF STATE USE ONLY

John D. Dell'Oro
 Print or Type Name of Authorized Representative