



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. 000788117		2. Exact name of the Corporation CONSOLIDATED ELECTRICAL DISTRIBUTORS, INC.			
3. Principal office address 1920 WESTRIDGE DRIVE		City IRVING		State TX	Zip 75038
4. Business Phone No. (972) 582-5300		5. State of Incorporation KANSAS			
6. Brief description of the character of business conducted in Rhode Island INACTIVE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name KATHLEEN STEWART			Vice-President Name		
Street Address 1920 WESTRIDGE DRIVE			Street Address		
City IRVING	State TX	Zip 75038	City	State	Zip
Secretary Name DAVID T. BRADFORD			Treasurer Name KATHLEEN STEWART		
Street Address 1920 WESTRIDGE DRIVE			Street Address 1920 WESTRIDGE DRIVE		
City IRVING	State TX	Zip 75038	City IRVING	State TX	Zip 75038
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name DAVID BRADFORD			Director Name DAVID VERBECK		
Street Address 1920 WESTRIDGE DRIVE			Street Address 1920 WESTRIDGE DRIVE		
City IRVING	State TX	Zip 75038	City IRVING	State TX	Zip 75038
Director Name KATHLEEN STEWART			Director Name		
Street Address 1920 WESTRIDGE DRIVE			Street Address		
City IRVING	State TX	Zip 75038	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		\$1	

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: _____

FILED

FEB 16 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

Date

FOR SECRETARY OF STATE USE ONLY

DAVID T. BRADFORD

Print or Type Name of Authorized Representative