



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-261  
401.222.304

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>35848</b>	2. Name of Corporation <b>Round One Electric, Inc.</b>
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3. Street Address Principal Business Office <b>11 Sherman Park Road</b>	City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>
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4. Business Phone No. <b>4015686624</b>	5. State of Incorporation <b>Rhode Island</b>
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6. Brief Description of the Character of Business Conducted in Rhode Island  
**electrical contracting**

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

President Name <b>Brayton Round</b>	Vice President Name <b>Brayton Round</b>
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Street Address <b>11 Sherman Park Road</b>	Street Address <b>11 Sherman Park Road</b>
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City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>	City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>
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Secretary Name <b>Brayton Round</b>	Treasurer Name <b>Brayton Round</b>
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Street Address <b>11 Sherman Park Road</b>	Street Address <b>11 Sherman Park Road</b>
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City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>	City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>
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### 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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Director Name	Director Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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### 9. SHARES AUTHORIZED

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.

### 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
<b>0</b>	<b>common</b>	<b>no par</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: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**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

Date

**Brayton Round**

Print or Type Name

**President**

Title