



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. 163185		2. Exact name of the Corporation NORTHERN LIGHTS ELECTRIC, INC.			
3. Principal office address C/O JOSEPH RAHEB, ESQ., 650 WASHINGTON HWY.		City LINCOLN	State RI	Zip 02865	
4. Business Phone No. 401-333-3377		5. State of Incorporation NEVADA			
6. Brief description of the character of business conducted in Rhode Island ELECTRICAL CONTRACTOR					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name NICHOLAS McCOURT			Vice-President Name NICHOLAS McCOURT		
Street Address 50 ORNE STREET			Street Address 50 ORNE STREET		
City NORTH ATTLEBORO	State MA	Zip 02760	City NORTH ATTLEBORO	State MA	Zip 02760
Secretary Name NICHOLAS McCOURT			Treasurer Name NICHOLAS McCOURT		
Street Address 50 ORNE STREET			Street Address 50 ORNE STREET		
City NORTH ATTLEBORO	State MA	Zip 02760	City NORTH ATTLEBORO	State MA	Zip 02760
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NICHOLAS McCOURT			Director Name NONE		
Street Address 50 ORNE STREET			Street Address		
City NORTH ATTLEBORO	State MA	Zip 02760	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" 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.					
100		COMMON	\$1.00		

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

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] 2/22/16
 Signature of Authorized Representative Date

NICHOLAS McCOURT
 Print or Type Name of Authorized Representative

FILED

FEB 29 2016

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