



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. 46182		2. Exact name of the Corporation MENARD'S ELECTRIC, INC.								
3. Principal office address c/o Gaschen Law Offices, 180 Little Pond Cty. Rd.			City Cumberland	State RI	Zip 02864					
4. Business Phone No. 401-230-8171			5. State of Incorporation RI							
6. Brief description of the character of business conducted in Rhode Island ELECTRICAL CONTRACTING SERVICES										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name ROGER MENARD			Vice-President Name DIANE MENARD							
Street Address POB 86			Street Address POB 86							
City MANVILLE	State RI	Zip 02838-0086	City MANVILLE	State RI	Zip 02838-0086					
Secretary Name DIANE MENARD			Treasurer Name ROGER MENARD							
Street Address POB 86			Street Address POB 86							
City MANVILLE	State RI	Zip 02838-0086	City MANVILLE	State RI	Zip 02838-0086					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name			Director Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
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		
						100	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.

File Date _____

Check No _____

By: _____

FILED

MAR 24 2016

BY KL 10107

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.

Roger Menard 3-8-16
 Signature of Authorized Representative Date

ROGER MENARD

Print or Type Name of Authorized Representative