

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 20/6

Filling Period: January 1 - March 1 • Filling 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(cc/d)) is

subject to a penalty fee of \$25.00	<i>9.</i>					
1. Corporate ID No. 113831	2. Name of Co Independ	2. Name of Corporation Independent Electrical Corporation				
3. Street Address Principal Business Office 49 Grove Lane			City Pascoag	State RI	<i>Zip</i> 02859	
4. Business Phone No. (401) 568-9233		5. State of Incorporation Rhode Island				
6. Brief Description of the Chara Commercial, Residentia	acter of Business Cond al and Industrial E	ucted in Rhode Island Electrical Installations				
7. NAMES AND ADDRES President Name	SES OF THE OF	FICERS: ("X" BOX FOR ATTA		N SPACES BEFORE USING	ATTACHMENTS	
John Actis, Jr.			Vice President Name Sheri Actis			
Street Address 49 Grove Lane			Street Address 49 Grove Lane			
City Pascoag	siale RI	^{Zip} 02859	City Pascoag	State RI	^{Zip} 02859	
Secretary Name John Actis, Jr.			Treasurer Name John Actis, Jr.			
Street Address 49 Grove Lane			Street Address 49 Grove Lane			
City Pascoag	State RI	^{Zip} 02859	^{City} Pascoag	State RI	^{Zip} 02859	
8, NAMES AND ADDRESS	SES OF THE DIR	ECTORS: ("X" BOX FOR AT.	TACHMENT) 🗌 FILL	IN SPACES BEFORE USIN	IG ATTACHMENTS	
Director Name John Actis, Jr.			Director Name			
Street Address 49 Grove Lane			Street Address		A PROPERTY.	
City Pascoag	Siate RI	Zip 02859	City	State	Zip S A C	
Director Name		7 02039	Director Name		3 29 m	
Street Address			Street Address C C C			
City	State	Zip	City	State	Zip #	
9. shares authorized 2,000				D <i>("X" BOX FOR ATTAC</i> SECTION <u>MUST</u> BE COMPLETEI		
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	
			500	Common	No Par	
				CION MUST BE F	ng star i factoria	
This report must be execut	ed on behalf of the	he corporation by an authorize	d representative. If the	corporation is in the hand	is of a receiver or trustee,	
ms report must be execute	u on benait of th	e corporation by the receiver	or trustee.			

the composition by the	received of flustee.
FILED	Under penalty of perjury, I declare and affirm that I have examined this report,
MAR 3 1 21	including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Check No. 1550 BY M 271.	John Actis, Jr. Print or Type Name
By:FOR SECRETARY OF STATE USE ONLY	President Title