



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. 118315		2. Exact name of the Corporation A/COE Electric Corp			
3. Principal office address 695 Litterton Road		City Parsippany	State NJ	Zip 07054	
4. Business Phone No. 973-334-0045		5. State of Incorporation New Jersey			
6. Brief description of the character of business conducted in Rhode Island To Provide Telecommunications Service Work					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Scott J. Lefebvre			Vice-President Name		
Street Address 28 High Mountain Drive			Street Address		
City Boonton	State NJ	Zip 07005	City	State	Zip
Secretary Name Bettie L. Lefebvre			Treasurer Name Suzanne Lefebvre		
Street Address 18 Windjancer Lane			Street Address 28 High Mountain Drive		
City Let Arlington	State NJ	Zip 07856	City Boonton	State NJ	Zip 07005
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 W/V		

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

MAR 31 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: Colleen Fernandes Date: 3/31/16

By 271518 Colleen Fernandes
 Print or Type Name of Authorized Representative

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