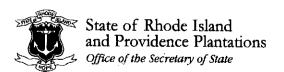
RI SOS Filing Number: 201737738190 Date: 3/6/2017 4:00:00 PM



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

Form 630 Rev. 08/08

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

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(cc/d)) is subject to a penalty fee of \$25.00.

7					
1. Corporate ID No. 35848	2. Name of Corporation Round One Electric, Inc.				
3. Street Address Principal Bustness Office 11 Sherman Park Road			City Harrisville	State RI	<i>Ζφ</i> 02830
4. Business Phone No. 4015686624 5. State of Incorporation Rhode Island					
6. Brief Description of the Character electrical contracting	of Business Conducted in 1	Rhode Island			
7. NAMES AND ADDRESSES	OF THE OFFICERS:	: ("X" BOX FOR ATTA	<i>CHMENT</i>) FILL IN	SPACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
Brayton Round			Brayton Round		
Street Address 11 Sherman Park Road			Street Address 11 Sherman Park Road		
City Harrisville	State RI	^{Ζφ} 02830	<i>сну</i> Harrisville	State RI	^{Zip} 02830
Secretary Name Brayton Round			Treasurer Name Brayton Round		
Street Address 11 Sherman Park Road			Street Address		
			11 Sherman Park Road		
City Harrisville	State RI	^{Zф} 02830	City Harrisville	State RI	^{Zip} 02830
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR AT)	. —	N SPACES BEFORE USIN	G ATTACHMENTS
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip ·	City	State	Ztp
Director Name			Director Name		
Street Address			Street Address		
City	State	ZΨ	City	State	Zψ
9. SHARES AUTHORIZED	•	1	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			0	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.					
			že.		
	and a Shard	e e e e e e e e e e e e e e e e e e e			
₹, ·	The state of the s	State of the state	Under penalty of	perjury, I declare and affirm t	hat I have examined this report, tements, and that all statements
		u er	contained herein a	ompanying schedules and sta are true and correct.	tements, and that all statements
File Date		LED	300 V		1-28-17
Check No.	MAR	0 6 2017	Brayton Rou	und	Date
By:		(100 K	Print or Type Name		
FOR SECRETARY OF STAT	E USE TAL Y		President		