



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State
 Matthew A. Brown, Secretary of State

Corporations Division
 100 North Main Street
 Providence, RI 02903-1335
 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
 (FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 71504		2. Name of Corporation Potvin Electric, Inc.			
3. Street Address Principal Business Office 21 CRESANT DRIVE			City NORTH PROVIDENCE	State R.I.	Zip 02904
4. Business Phone No. 401-354-5588		5. State of Incorporation RHODE ISLAND		6. SIC Code 273	
7. Brief Description of the Character of Business Conducted in Rhode Island MASTER ELECTRICIAN FOR INDUSTRIAL, COMMERCIAL AND RESIDENTIAL PURPOSES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAVID POTVIN			Vice President Name NONE		
Street Address 21 CRESANT DR.			Street Address		
City N. PROV.	State R.I.	Zip 02904	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			0		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FILED
 File Date MAR 07 2005 5512
 Check No. _____
 By [Signature]
 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 of Officer [Signature] Date 1-18-05
 Print or Type Name of Officer DAVID POTVIN
 Title of Officer PRESIDENT



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 71504		2. Name of Corporation Potvin Electric, Inc.			
3. Street Address Principal Business Office 21 CRESANT DRIVE			City NORTH PROVIDENCE	State R.I.	Zip 02904
4. Business Phone No. 401-354-5588		5. State of Incorporation RHODE ISLAND		6. SIC Code 273	
7. Brief Description of the Character of Business Conducted in Rhode Island MASTER ELECTRICIAN FOR INDUSTRIAL, COMMERCIAL AND RESIDENTIAL PURPOSES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAVID POTVIN			Vice President Name NONE		
Street Address 21 CRESANT DR.			Street Address		
City N. PROV.	State RI	Zip 02904	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE					

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 7 1 5 0 4 *

File Date	12/31/03
Check No.	5113
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.

	12/29/03
Signature of Officer	Date
DAVID POTVIN	
Print or Type Name of Officer	
PRESIDENT	
Title of Officer	



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **71504** 2. Name of Corporation **Potvin Electric, Inc.**
3. Street Address Principal Business Office **21 CRESANT DR.** City **N. PROVIDENCE** State **R.I.** Zip **02904**
4. Business Phone No. **401-354-5588** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **273**

7. Brief Description of the Character of Business Conducted in Rhode Island
ELECTRICAL CONTRACTING

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name DAVID POTVIN	Vice President Name NONE
Street Address 21 CRESANT DR	Street Address NONE
City N. PROV. State R.I. Zip 02904	City NONE State NONE Zip NONE
Secretary Name NONE	Treasurer Name NONE
Street Address NONE	Street Address NONE
City NONE State NONE Zip NONE	City NONE State NONE Zip NONE

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name NONE	Director Name NONE
Street Address NONE	Street Address NONE
City NONE State NONE Zip NONE	City NONE State NONE Zip NONE
Director Name NONE	Director Name NONE
Street Address NONE	Street Address NONE
City NONE State NONE Zip NONE	City NONE State NONE Zip NONE

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 7 1 5 0 4 *

File Date: **1-22-03**
Check No.: **4762**
By: **UP**

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 Officer **David Potvin** Date **1-20-03**
Print or Type Name of Officer **DAVID POTVIN**
Title of Officer **PRESIDENT.**



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **71504** 2. Name of Corporation **Potvin Electric, Inc.**
3. Street Address Principal Business Office **21 CREASANT DRIVE** City **NORTH PROVIDENCE** State **R.I.** Zip **02904**
4. Business Phone No. **401-354-5588** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **273**

7. Brief Description of the Character of Business Conducted in Rhode Island
ELECTRICAL CONTRACTING

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name DAVID POTVIN	Vice President Name NONE
Street Address 21 CREASANT DR	Street Address NONE
City N. PROV. State RI Zip 02904	City _____ State _____ Zip _____
Secretary Name NONE	Treasurer Name NONE
Street Address NONE	Street Address NONE
City _____ State _____ Zip _____	City _____ State _____ Zip _____

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name NONE	Director Name NONE
Street Address NONE	Street Address NONE
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Director Name NONE	Director Name NONE
Street Address NONE	Street Address NONE
City _____ State _____ Zip _____	City _____ State _____ Zip _____

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 7 1 5 0 4 *

File Date: 1-8-02
Check No.: 4408
By: [Signature]

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 Officer [Signature] Date 1-7-02
DAVID POTVIN
Print or Type Name of Officer
PRESIDENT



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **71504** 2. Name of Corporation **Potvin Electric, Inc.**
 3. Street Address Principal Business Office **21 CRESCANT DR** City **NORTH PROVIDENCE** State **R.I.** Zip **02904**
 4. Business Phone No. **401-354-5588** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **273**
 7. Brief Description of the Character of Business Conducted in Rhode Island
ELECTRICAL CONTRACTING

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name DAVID POTVIN	Vice President Name NONE
Street Address 21 CRESCANT DR	Street Address
City N. PROV. State R.I. Zip 02904	City State Zip
Secretary Name NONE	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name NONE	Director Name NONE
Street Address	Street Address
City State Zip	City State Zip
Director Name NONE	Director Name NONE
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
 Number of Shares Class/Series Par Value
1,000 SHS NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
 Number of Shares Class/Series Par Value
NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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.

File Date: **12-30-99**
 Check No.: **3700**
 By: **AMF**

Signature of Officer: **David Potvin** Date: **12-28-99**
 Print or Type Name of Officer: **DAVID POTVIN**
 Title of Officer: **PRESIDENT**



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **71504** 2. Name of Corporation **Potvin Electric, Inc.**

3. Street Address Principal Business Office **21 Crescent Drive** City **North Providence** State **RI** Zip **02904**
4. Business Phone No. **401-354-5588** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **273**

7. Brief Description of the Character of Business Conducted in Rhode Island
Electrical Contractor

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name David L. Potvin	Vice President Name David L. Potvin
Street Address 21 Crescent Drive	Street Address 21 Crescent Drive
City North Providence State RI Zip 02904	City North Providence State RI Zip 02904
Secretary Name David L. Potvin	Treasurer Name David L. Potvin
Street Address 21 Crescent Drive	Street Address 21 Crescent Drive
City North Providence State RI Zip 02904	City North Providence State RI Zip 02904

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name David L. Potvin	Director Name
Street Address 21 Crescent Drive	Street Address
City North Providence State RI Zip 02904	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 SHS NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: Jan 27, 1999
Check No.: 3380
By: JD.

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.
David Potvin 1/25/99
Signature of Officer Date
David Potvin
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **71504** 2. Name of Corporation **Potvin Electric, Inc.**
3. Street Address **21 Crescent Drive** City **North Providence** State **RI** Zip **02904**
4. Business Phone No. **401-354-5588** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0273**

7. Brief Description of the Character of Business Conducted in Rhode Island
Electrical Contractor

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

<p>President Name David L. Potvin Street Address 21 Crescent Drive City North Providence State RI Zip 02904</p>	<p>Vice President Name David L. Potvin Street Address 21 Crescent Drive City North Providence State RI Zip 02904</p>
<p>Secretary Name David L. Potvin Street Address 21 Crescent Drive City North Providence State RI Zip 02904</p>	<p>Treasurer Name David L. Potvin Street Address 21 Crescent Drive City North Providence State RI Zip 02904</p>

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

<p>Director Name David L. Potvin Street Address 21 Crescent Drive City North Providence State RI Zip 02904</p>	<p>Director Name Street Address City State Zip</p>
<p>Director Name Street Address City State Zip</p>	<p>Director Name Street Address City State Zip</p>

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 SHS NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 7 1 5 0 4 *

File Date: **1-30-98**
Check No.: **3073**
By: **[Signature]**
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 of Officer: **[Signature]** Date: **1-29-98**
Print or Type Name of Officer: **DAVID POTVIN**
Title of Officer: **PRESIDENT**



PROFIT CORPORATION ANNUAL REPORT 1997
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **71504** 2. Name of Corporation **Potvin Electric, Inc.**
3. Street Address Principal Business Office. **21 Crescent Drive** City **North Providence** State **RI** Zip **02904**
4. Business Phone No. **401-354-5588** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0273**
7. Brief Description of the Character of Business Conducted in Rhode Island. **Electrical Contractor**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name David L. Potvin Street Address 21 Crescent Drive City North Providence State RI Zip 02904	Vice President Name David L. Potvin Street Address 21 Crescent Drive City North Providence State RI Zip 02904
Secretary Name David L. Potvin Street Address 21 Crescent Drive City North Providence State RI Zip 02904	Treasurer Name David L. Potvin Street Address 21 Crescent Drive City North Providence State RI Zip 02904

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name David L. Potvin Street Address 21 Crescent Drive City North Providence State RI Zip 02904	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS	NO PAR VALUE		1000	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: **1/17/97**
Check No.: **2752**
By: **WLC**
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 of Officer: **[Signature]** Date: **1-16-97**
Print or Type Name of Officer: _____
Title of Officer: _____

**PROFIT CORPORATON
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 71504
 2. NAME OF CORPORATION Potvin Electric, Inc.
 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 21 Crescent Drive
 CITY Nu. Prov. STATE R.I. ZIP CODE 02904
 4. BUSINESS PHONE NO. 354-5588
 5. STATE OF INCORPORATION RI
 6. SIC CODE 0293
 7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
 all phases of electrical work

B. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME David Potvin
 VICE PRESIDENT NAME David Potvin
 STREET ADDRESS 21 Crescent Dr
 STREET ADDRESS
 CITY Nu. Prov. STATE RI ZIP CODE 02904
 CITY STATE ZIP CODE
 SECRETARY NAME David Potvin
 TREASURER NAME David Potvin
 STREET ADDRESS
 STREET ADDRESS
 CITY STATE ZIP CODE
 CITY STATE ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME David Potvin
 DIRECTOR NAME
 STREET ADDRESS
 STREET ADDRESS
 CITY STATE ZIP CODE
 CITY STATE ZIP CODE
 DIRECTOR NAME
 DIRECTOR NAME
 STREET ADDRESS
 STREET ADDRESS
 CITY STATE ZIP CODE
 CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1000	Common - Authorized	None	1000		

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

File Date: 8/13/96
 Check No: 2635
 By: *[Signature]*

Signature of Officer *[Signature]*
 Print or Type Name of Officer David Potvin
 Title of Officer President
 Date 8/13/96

For Secretary of State Use Only



ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

CR 2084 (20)

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

0071504

1995

Corporate ID:

Annual Report for the year:

Potvin Electric, Inc.

Name of Corporation:

Business entity organized under the laws of the State of: R.I.

Business Entity is (check one):

For foreign entity, address and telephone number of principal office:

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:

INSTALLATIONS AND
 PROVIDE ELECTRICAL SERVICE TO PUBLIC
 AND PRIVATE FACILITIES

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

21 CRESANT DRIVE
 N. PROV. RI 02904 401-354-5588

Phone: (401) 354-5588

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
DAVID POTVIN	21 CRESANT DRIVE	N-PROV RI	02904
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
DAVID POTVIN			
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
LINDA POTVIN	21 CRESANT DRIVE	N-PROV RI	02904
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
DAVID POTVIN	21 CRESANT DR	N-PROV RI	02904
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series

Date December 27, 1994

By: David J. Potvin

DAVID POTVIN

PRESIDENT

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

DAVID POTVIN
 21 CRESANT DRIVE
 NO. PROVIDENCE RI 02904

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

*PUPCK 1789
650.*

Corporate ID: 0071504 Annual Report for the year: 1994

Name of Business Entity: Potvin Electric, Inc.

Business entity organized under the laws of the State of: R.I.

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Potvin Electric, Inc.

21 Cresant Drive

North Providence, R.I. 02904

Phone: (401) 354-5588

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

David Potvin, President

Potvin Electric, Inc.

21 Cresant Drive

North Providence, R.I. 02904

Brief statement of the character of business conducted in Rhode Island:

Electrical

Date of Organization: January 1, 1993 *2/9/93*

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

CHIEF EXECUTIVE OFFICER OR PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE

David Potvin 21 Cresant Drive North Providence, R.I. 02904

CHIEF OPERATING OFFICER OR VICE PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE

CUSTODIAN OF RECORDS OR SECRETARY (Check One) STREET ADDRESS CITY/STATE ZIP CODE

CHIEF FINANCIAL OFFICER OR TREASURER (Check One) STREET ADDRESS CITY/STATE ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 1,000 NUMBER

CLASS CLASS

SERIES SERIES

PAR VALUE OR NO PAR VALUE WITHOUT PAR PAR VALUE OR WITHOUT PAR

Date 3.17.94 19 By: David Potvin

David Potvin
PRINT OR TYPE NAME OF OFFICER SIGNING

President
TITLE OF OFFICER SIGNING

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

DAVID POTVIN
21 CRESANT DRIVE
NO. PROVIDENCE RI 02904

MAR 21 1994
M859