

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

## 2005 PROFIT-CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) KINSMAN ELECTRICAL SERVICES, INC. 3. Street Address Principal Business Office State Zip 191 Main Street Suite 212 02571 Wareham MA 1. Business Phone No. 5. State of Incorporation 6. SIC Cade 273 508-291-0880 **MASSACHUSETTS** 7 Brief Description of the Character of Business Conducted in Rhode Island ELECTRICAL SERVICES. ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name Vice President Name Don Kinsman Street Address Street Address 191 Main Street Suite 212 Ζŧρ State Zip Wareham 02571 Secretary Name Street Address Street Address State Z.Ip City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City State Director Name Street Address Street Address City State Zip Cin State 240 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Number of Shares Par Value Class/Series Par Value 200,000 COMM NO PAR VALUE 199,900 common no par This report must be signed in ink by either the President. Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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Check No. By	
Ву:	
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.

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rint or Type Name of Officer	-		

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FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

. Cor <del>p</del> orate ID No. 110620	IN BLACK)  2. Name of Corpo  KINSMAN E	ration LECTRICAL SERVIC	CES, INC.		
Street Address Principal L	Business Office		City	State	Zip
191 Main Street	Suite 212		Wareham	MA	02571
Business Phone No.		5. State of Incorporat	ion		6. SIC Code
5082910880		MASSACHUSE	ETTS		273
Brief Description of the C		ducted in Rhode Island			
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reet Address			Street Address		
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ecretary Name	• • • • •		Treasurer Name		
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Check No.	<u> </u>	_ 1	Don Kir	ısman	
V			Print or Type Name of	f Officer	
Bv:			Preside	nt	

Title of Officer



*110620*	2. Name of Corporation KINSMAN ELECTRICAL SERV	ICES, INC.		
Street Address Principal Busin		Ciny	State	Zip
37 WHITTANTON ST	REET, P.O. BOX 431	TAUNTON	: MA	02780-
Business Phone No. 5082910880	5. State of Incorpor MASSACHU		gan an analysis of the second	6. SIC Code 2.73
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rees Address 191 Mai	n Street, Suite 212	191 Mair	n Street, Sui	te 212
ity	State Zip	City	State	Zip 100 E 7 1
Wareham	MA 02571	Wareham	MA .	02571
Don Kir	nsman	Don Kins	sman	
ircet Address		Street Address		
191 Mai	in Street, Suite 212		Stret, Suite	
in	State Zip	City	State	Zip
Wareham	MA 02571	Wareham	MA	102571
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 Under penalty of perjury, I declare and affirm that I have examined this report, including an accompanying schedules and statements, and that all statements contained herein are true and correct.

Signate of Officer

Date

Don Kinsman

Print or Type Name of Officer

President

Tule of Officer

Form 630 12:01



FORM MUST E		ry 1 - March 1 • D IN BLACK)	G			
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		l Business Office		City	State	Zip
		N STREET, P.O.		TAUNTON	¹ MA	02780-
. Business Phoi			5. State of Incorpor			6 SIC Code
50829106 Rein/Datorio		a Character of Rusinsh's Co	MASSACHUS ,	SETTS		0273
		e Character of Business Co ICES .				
8. NAMES A	ND ADI	ORESSES OF THE O	FICERS ("X" BOX FOR	ATTACHMENT) TILL IN Vice President Name	SPACES BEFORE USING A	TTACHMENTS
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treet Address				Street Address	T	
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Wareha	am ,	MA,	02571.	. Wareham.		02571
•	Don	KInsman		Don KI	nsman	<b>1</b>
Street Address		managan ing innin Tanan mang ma	<del></del>	Street Address		
	191	Main Street	, Suite 212	191 Ma	in_Street_Sui	te_212;
Cowwareha		State M.		City Wareha		<sup>7</sup> 02571
9. NAMES A Director Name				OR ATTACHMENT)   FILL. I Director Nume	N SPACES BEFORE USING	ATTACHMENTS
Street Address	Don.	.KInsman		Don Ki Street Address	nsman	
City -	_191	-Main Street	.,-Suite-212-		n-Street,-Sui	te-212
Wareh	am · ·	· · · MA · ·	02571	Mareham	········MA·····	02571
Street Address	Don	Kinsman		Don Kins Street Address	sman	
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Ware		, MA	√02571	· Wareham	MA	02571
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B <sub>V:</sub>	<u> </u>	STATE USE ONLY	<del>-</del>	Presi	dent	

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

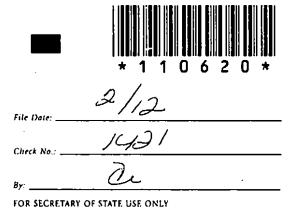
I.	Corporate III	0280

2 Name of Corporation
"KINSBAN ELECTRICAL SERVICES TWO...

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3. Street Address Principal Busine:	ss Office		City	State	Zip
P. O. BOX 43	1	5. State of Incorporati	Taunton	MA	0278 6. sic ca
(508) 291-08		MASSACHUSE	TIS		
7. Brief Description of the Charact		in Rhode Island			
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8. NAMES AND ADDRE President Name	SSES OF THE OFF	ICERS CX BOX FOR ATT	Vice President Name	S BEFORE USING ATTA	CHMENIS
Donald F. Ki	nsman		Same		
Street Address			Street Address		
P.O. Box 443			•		
Taunton	State MA	02780	City	State	Zip
Secretary Name			Treasurer Name		
SAME			SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS (*X* BOX FOR /	ATTACHMENT) FILL IN SPA	CES BEFORE USING AT	TACHMENTS
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
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10. SHARES AUTHORIZ AUTHORIZED SHARES	ED (*x* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	VT)
Number of Shares	Class/Series	Car Value	Number of Shares	Class/Series	Par Valu

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

100,000



200,000 COMM NO PAR VALUE

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. 7/5/01 Signature of Officer

COMM NO PAR VALUE

Donald F. Kinsman Print or Type Name of Officer

President

Title of Officer