



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)

10520		KINSMAN ELECTRICAL SERVICES, INC.									
3. Street Address Principal Business Office 191 Main Street Suite 212		City Wareham		State MA		Zip 02571					
4. Business Phone No. 508-291-0880		5. State of Incorporation MASSACHUSETTS				6. SIC Code 273					
7. Brief Description of the Character of Business Conducted in Rhode Island ELECTRICAL SERVICES.											
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
President Name Don Kinsman				Vice President Name							
Street Address 191 Main Street Suite 212				Street Address							
City Wareham		State MA		Zip 02571		City 		State 		Zip 	
Secretary Name				Treasurer Name							
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				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 	
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	
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



\*110620\*

FILED

File Date MAR 31 2005 5811

Check No. By 166

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.

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

PRESIDENT - DON KINSMAN  
Print or Type Name of Officer

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Mathew 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 2004**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 110620		2. Name of Corporation KINSMAN ELECTRICAL SERVICES, INC.			
3. Street Address Principal Business Office 191 Main Street Suite 212		City Wareham	State MA	Zip 02571	
4. Business Phone No. 5082910880		5. State of Incorporation MASSACHUSETTS		6. SIC Code 273	
7. Brief Description of the Character of Business Conducted in Rhode Island ELECTRICAL SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Don Kinsman			Vice President Name none		
Street Address 191 Main Street Suite 212			Street Address		
City Wareham	State MA	Zip 02571	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"/> AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
200,000 COMM NO PAR VALUE			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



1 1 0 6 2 0

\*110620 FBC 01/06/04 09:31:58 AM\*

File Date 1-5-04

Check No. 4635

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  
Don Kinsman

Date  
1-6-04

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



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 2003**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *110620*	2. Name of Corporation KINSMAN ELECTRICAL SERVICES, INC.		
3. Street Address Principal Business Office 437 WHITTANTON STREET, P.O. BOX 431	City TAUNTON	State MA	Zip 02780-
4. Business Phone No. 5082910880	5. State of Incorporation MASSACHUSETTS	6. SIC Code 273	
7. Brief Description of the Character of Business Conducted in Rhode Island ELECTRICAL SERVICES.			

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Don Kinsman		Vice President Name Don Kinsman	
Street Address 191 Main Street, Suite 212		Street Address 191 Main Street, Suite 212	
City Wareham	State MA	City Wareham	State MA
Zip 02571		Zip 02571	
Secretary Name Don Kinsman		Treasurer Name Don Kinsman	
Street Address 191 Main Street, Suite 212		Street Address 191 Main Street, Suite 212	
City Wareham	State MA	City Wareham	State MA
Zip 02571		Zip 02571	

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Don Kinsman		Director Name Don Kinsman	
Street Address 191 Main Street, Suite 212		Street Address 191 Main Street, Suite 212	
City Wareham	State MA	City Wareham	State MA
Zip 02571		Zip 02571	
Director Name Don Kinsman		Director Name Don Kinsman	
Street Address 191 Main Street, Suite 212		Street Address 191 Main Street, Suite 212	
City Wareham	State MA	City Wareham	State MA
Zip 02571		Zip 02571	

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
200,000 COMM NO PAR VALUE			100	Common	No Par

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



\* 1 1 0 6 2 0 \*

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  
Don Kinsman  
Print or Type Name of Officer  
President  
Date  
2/04/03  
Title of Officer

*110620 FBC2/3/032:37:55 PM*
File Date 2-6-03
Check No 3760
By UP
FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

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. *110620*	2. Name of Corporation KINSMAN ELECTRICAL SERVICES, INC.		
3. Street Address Principal Business Office 437 WHITTANTON STREET, P.O. BOX 431	City TAUNTON	State MA	Zip 02780-
4. Business Phone No. 5082910620	5. State of Incorporation MASSACHUSETTS	6. SIC Code 0273	
7. Brief Description of the Character of Business Conducted in Rhode Island ELECTRICAL SERVICES.			

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Don Kinsman		Vice President Name Don Kinsman	
Street Address 191 Main Street, Suite 212		Street Address 191 Main Street, Suite 212	
City Wareham	State MA	City Wareham	State MA
Zip 02571		Zip 02571	
Secretary Name Don Kinsman		Treasurer Name Don Kinsman	
Street Address 191 Main Street, Suite 212		Street Address 191 Main Street, Suite 212	
City Wareham	State MA	City Wareham	State MA
Zip 02571		Zip 02571	

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Don Kinsman		Director Name Don Kinsman	
Street Address 191 Main Street, Suite 212		Street Address 191 Main Street, Suite 212	
City Wareham	State MA	City Wareham	State MA
Zip 02571		Zip 02571	
Director Name Don Kinsman		Director Name Don Kinsman	
Street Address 191 Main Street, Suite 212		Street Address 191 Main Street, Suite 212	
City Wareham	State MA	City Wareham	State MA
Zip 02571		Zip 02571	

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
200,000	COMM	NO 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



\* 1 1 0 6 2 0 \*

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

Date

Don Kinsman

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01

\*110620 FBC 10/23/02 9:53:21 AM\*

FILED

File Date  
DEC 18 2002

Check No. 20

By: [Signature] 346537

FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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)

1. Corporate ID No. **110620** 2. Name of Corporation **KINSHAW ELECTRICAL SERVICES, INC.**

3. Street Address Principal Business Office

P. O. BOX 431

City

Taunton

State

MA

Zip

02780

4. Business Phone No.

(508) 291-0880

5. State of Incorporation  
**MASSACHUSETTS**

6. SIC Code

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

Electrical Services

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

President Name

Donald F. Kinsman

Vice President Name

Same

Street Address

P.O. Box 443

Street Address

City

Taunton

State

MA

Zip

02780

City

State

Zip

Secretary Name

SAME

Treasurer Name

SAME

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

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

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

200,000 COMM NO PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

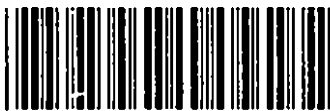
Class/Series

Par Value

100,000

COMM NO PAR VALUE

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



\* 1 1 0 6 2 0 \*

File Date: 2/12

Check No.: 1421

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

2/5/01

Date

Donald F. Kinsman

Print or Type Name of Officer

President

Title of Officer