



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. 67926		2. Name of Corporation VANS ELECTRIC, INC.			
3. Street Address Principal Business Office 72 Fales Rd.			City Bristol	State RI	Zip 02809
4. Business Phone No.		5. State of Incorporation RHODE ISLAND		6. SIC Code 273	
7. Brief Description of the Character of Business Conducted in Rhode Island TO CONDUCT A GENERAL ELECTRICAL CONTRACTING BUSINESS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William R. Van Voast			Vice President Name Paula Van Voast		
Street Address 72 Fales Rd.			Street Address 72 Fales Rd.		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name William R. Van Voast			Treasurer Name Paula Van Voast		
Street Address 72 Fales Rd.			Street Address 72 Fales Rd.		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
600 NO PAR VALUE			100	A	none

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



File Date 1-26-05
Check No. 3110
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.

Paula Van Voast
Signature of Officer Date
PAULA VAN VOAST
Print or Type Name of Officer
Vice Pres.
Title of Officer



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 67926		2. Name of Corporation VANS ELECTRIC, INC.			
3. Street Address Principal Business Office 72 FALES ROAD			City BRISTOL	State RI	Zip 02809
4. Business Phone No.		5. State of Incorporation RHODE ISLAND		6. SIC Code 273	
7. Brief Description of the Character of Business Conducted in Rhode Island TO CONDUCT A GENERAL ELECTRICAL CONTRACTING BUSINESS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name WILLIAM R. VAN VOAST			Vice President Name PAULA VAN VOAST		
Street Address 72 FALES ROAD			Street Address 72 FALES ROAD		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name WILLIAM R. VAN VOAST			Treasurer Name PAULA VAN VOAST		
Street Address 72 FALES ROAD			Street Address 72 FALES ROAD		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
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
600 NO PAR VALUE			100	A	

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



* 6 7 9 2 6 *

FILED

File Date FEB 06 2004

Check No. By m19242

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.

Paula Van Voast 1-29-04
Signature of Officer Date

PAULA VAN VOAST
Print or Type Name of Officer

Vice Pres
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. 2. Name of Corporation

67926 VANS ELECTRIC, INC.

3. Street Address Principal Business Office

72 Fales Road

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

City

Bristol

State

RI

Zip

02809

6. SIC Code

273

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

Operation of electrical contracting business

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

President Name

William R. Van Voast

Street Address

72 Fales Road

City

State

Zip

Bristol

RI

02809

Secretary Name

William R. Van Voast

Street Address

72 Fales Road

City

State

Zip

Bristol

RI

02809

Vice President Name

Paula Van Voast

Street Address

72 Fales Road

City

State

Zip

Bristol

RI

02809

Treasurer Name

Paula Van Voast

Street Address

72 Fales Road

City

State

Zip

Bristol

RI

02809

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

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 NO PAR VALUE

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

ISSUED SHARES

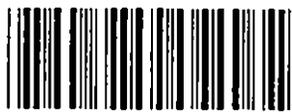
Number of Shares

Class/Series

Par Value

100

A



* 6 7 9 2 6 *

FEB 07 2003

File Date:

Check No.:

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: William R. Van Voast Date: 2-1-03

Print or Type Name of Officer: William R. Van Voast

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. **67926**
2. Name of Corporation **VANS ELECTRIC, INC.**
3. Street Address Principal Business Office
72 Fales Road
4. Business Phone No.
5. State of Incorporation
RHODE ISLAND

City **Bristol** State **RI** Zip **02809**
6. SIC Code **273**

7. Brief Description of the Character of Business Conducted in Rhode Island
Operation of electrical contracting business

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

President Name **William R. Van Voast**
Street Address **72 Fales Rd**
City **Bristol** State **RI** Zip **02809**

Vice President Name **Paula Van Voast**
Street Address **72 Fales Rd**
City **Bristol** State **RI** Zip **02809**

Secretary Name **William R. Van Voast**
Street Address **72 Fales Rd**
City **Bristol** State **RI** Zip **02809**

Treasurer Name **Paula Van Voast**
Street Address **72 Fales Rd**
City **Bristol** State **RI** Zip **02809**

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

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 A

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



* 6 7 9 2 6 *

File Date: 1/25/2002
Check No: 1183

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.

Paula Van Voast
Signature of Officer Date

PAULA VAN VOAST
Print or Type Name of Officer

Vice Pres
Title of Officer

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. **67926** 2. Name of Corporation **VANS ELECTRIC, INC.**

3. Street Address Principal Business Office: **72 Fales Road** City: **Bristol** State: **RI** Zip: **02809**
4. Business Phone No. 5. State of Incorporation: **RHODE ISLAND** 6. SIC Code: **273**

7. Brief Description of the Character of Business Conducted in Rhode Island:
Electrical Services provided to customers.

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

President Name William Van Voast Street Address 72 Fales Road City State Zip Bristol, RI 02809 Secretary Name Paula Van Voast Street Address 72 Fales Road City State Zip Bristol RI 02809	Vice President Name Paula Van Voast Street Address 72 Fales Road City State Zip Bristol RI 02809 Treasurer Name William Van Voast Street Address 72 Fales Road City State Zip Bristol RI 02809
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 A

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



File Date: **FILED**
Check No.: **APR 13 2001**
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: **2-15-01**
William R. Van Voast
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. **67926** 2. Name of Corporation **VANS ELECTRIC, INC.**

3. Street Address Principal Business Office **72 Fales Road** City **Bristol** State **RI** Zip _____

4. Business Phone No. _____ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **273**

7. Brief Description of the Character of Business Conducted in Rhode Island
Operation of electrical contracting business

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

President Name William Van Voast Street Address 72 Fales Road City State Zip Bristol RI 02809	Vice President Name Paula Van Voast Street Address 72 Fales Road City State Zip Bristol RI 02809
Secretary Name Paula Van Voast Street Address 72 Fales Road City State Zip Bristol RI 02809	Treasurer Name William Van Voast Street Address 72 Fales Road City State Zip Bristol RI 02809

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

Director Name _____ Street Address _____ City State Zip _____	Director Name _____ Street Address _____ City State Zip _____
Director Name _____ Street Address _____ City State Zip _____	Director Name _____ Street Address _____ City State Zip _____

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	600 SHS NO PAR VALUE		

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	A	

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



* 6 7 9 2 6 *

File Date: _____
Check No.: _____
By: _____
FEB 03 2001

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: William Van Voast Date: 1-3-2000
Print or Type Name of Officer: William Van Voast
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. **67926** 2. Name of Corporation **VANS ELECTRIC, INC.**
3. Street Address Principal Business Office **72 Fales Road** City **Bristol** State **RI** Zip _____
4. Business Phone No. _____ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **273**
7. Brief Description of the Character of Business Conducted in Rhode Island

Operation of electrical contracting business

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

President Name William Van Voast Street Address 72 Fales Road City Bristol State RI Zip 02809	Vice President Name Paula Van Voast Street Address 72 Fales Road City Bristol State RI Zip _____
Secretary Name Paula Van Voast Street Address 72 Fales Road City Bristol State RI Zip 02809	Treasurer Name William Van Voast Street Address 72 Fales Road City Bristol State RI Zip _____

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

Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____
Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 A

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



File Date: **FILED**
Check No.: **MAR 12 1999**
By: **cc 2583**
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.

William Van Voast **2-19-99**
Signature of Officer Date
William Van Voast
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 98

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 67926 2. Name of Corporation VANS ELECTRIC, INC. City BRISTOL State RI Zip 02809
3. Street Address Principal Business Office 72 FALES RD., 4. Business Phone No. _____ 5. State of Incorporation RHODE ISLAND 6. SIC Code 0273

7. Brief Description of the Character of Business Conducted in Rhode Island
To conduct a general electrical contracting business

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)
President Name WILLIAM R. VAN VOAST Vice President Name PAULA A. VAN VOAST
Street Address 72 FALES ROAD Street Address 72 FALES ROAD
City BRISTOL State RI Zip 02809 City BRISTOL State RI Zip 02809
Secretary Name PAULA A. VAN VOAST Treasurer Name WILLIAM R. VAN VOAST
Street Address 72 FALES RD., Street Address 72 FALES RD.,
City BRISTOL State RI Zip 02809 City BRISTOL State RI Zip 02809

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)
Director Name WILLIAM R. VAN VOAST Director Name PAULA A. VAN VOAST
Street Address 72 FALES RD., Street Address 72 FALES RD.,
City BRISTOL State RI Zip 02809 City bristol State ri Zip 02809
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 600 Class/Series A Par Value _____
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares 50 Class/Series A (WILLIAM R. VOAST)none Par Value _____
50 A (Paula A. Van Voast)nc

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

FILED
File Date: SEP 30 1998
Check No.: CE # 63
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 8-31-98
WILLIAM R. VAN VOAST, PRESIDENT
Title or Type Name of Officer
PRESIDENT 8/16/96
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 98/97
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 67926 2. Name of Corporation WILLIAM R. VAN VOAST, ELECTRICAL CONTRACTOR, INC.
3. Street Address Principal Business Office 72 FALES RD. City BRISTOL State RI Zip 02809
4. Business Phone No. _____ 5. State of Incorporation BRISTOL RI 02809
6. SIC Code _____
7. Brief Description of the Character of Business Conducted in Rhode Island RHODE ISLAND 0273

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

TO CONDUCT A GENERAL ELECTRICAL CONTRACTING BUSINESS

President Name	Street Address	City	State	Zip	Vice President Name	Street Address	City	State	Zip
<u>WILLIAM R. VAN VOAST</u>	<u>72 FALES RD.</u>	<u>BRISTOL</u>	<u>RI</u>	<u>02809</u>	<u>PAULA A. VAN VOAST</u>	<u>72 FALES RD.</u>	<u>BRISTOL</u>	<u>RI</u>	<u>02809</u>
Secretary Name	Street Address	City	State	Zip	Treasurer Name	Street Address	City	State	Zip
<u>PAULA A. VAN VOAST</u>	<u>72 FALES RD.</u>	<u>BRISTOL</u>	<u>RI</u>	<u>02809</u>	<u>WILLIAM R. VAN VOAST</u>	<u>72 FALES RD.</u>	<u>BRISTOL</u>	<u>RI</u>	<u>02809</u>

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

Director Name	Street Address	City	State	Zip	Director Name	Street Address	City	State	Zip
<u>WILLIAM R. VAN VOAST</u>	<u>72 FALES RD.</u>	<u>BRISTOL</u>	<u>RI</u>	<u>02809</u>	<u>PAULA A. VAN VOAST</u>	<u>72 FALES RD.</u>	<u>BRISTOL</u>	<u>RI</u>	<u>02809</u>

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<u>600</u>	<u>A</u>	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<u>50</u>	<u>A (WILLIAM R. VAN VOAST)</u>	<u>no.</u>
	<u>50</u>	<u>A (PAULA A. VAN VOAST)</u>	<u>non.</u>

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

FILED

File Date: SEP 30 1997
Check No.: CC# 63
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] 8-31-98
Signature of Officer Date

WILLIAM R. VAN VOAST, President
Print or Type Name of Officer

PRESIDENT
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. 2 NAME OF CORPORATION
67926 William R. Van Voast, Electrical Contractor, Inc.
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE CITY STATE ZIP CODE
72 Fales Road Bristol RI 02809
4 BUSINESS PHONE NO. 5. STATE OF INCORPORATION 6 SIC CODE
Rhode Island 0273

7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
To conduct a general electrical contracting business

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME			VICE PRESIDENT NAME		
William R. Van Voast			Paula A. Van Voast		
STREET ADDRESS			STREET ADDRESS		
72 Fales Road			72 Fales Road		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Bristol	RI	02809	Bristol	RI	02908
SECRETARY NAME			TREASURER NAME		
Paula A. Van Voast			William R. Van Voast		
STREET ADDRESS			STREET ADDRESS		
72 Fales Road			72 Fales Road		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Bristol	RI	02809	Bristol	RI	02809

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME			DIRECTOR NAME		
William R. Van Voast			Paula A. Van Voast		
STREET ADDRESS			STREET ADDRESS		
72 Fales Road			72 Fales Road		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Bristol	RI	02809	Bristol	RI	02809
DIRECTOR NAME			DIRECTOR NAME		
William R. Van Voast			Paula A. Van Voast		
STREET ADDRESS			STREET ADDRESS		
72 Fales Road			72 Fales Road		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Bristol	RI	02809	Bristol	RI	02809
DIRECTOR NAME			DIRECTOR NAME		
William R. Van Voast			Paula A. Van Voast		
STREET ADDRESS			STREET ADDRESS		
72 Fales Road			72 Fales Road		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Bristol	RI	02809	Bristol	RI	02809

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600	A		50	A (William R. Van Voast)	None
			50	A (Paula A. Van Voast)	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: 9-12-96
Check No: 2334
By: [Signature]
For Secretary of State Use Only

[Signature]
Signature of Officer
WILLIAM R. VAN VOAST, PRESIDENT
Print or Type Name of Officer
PRESIDENT
Title of Officer
8-16-96
Date
FORM 51 12-95



Office of The Secretary of State
 100 North Main Street
 Providence, Rhode Island 02903-1335
 401-277-3040

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

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

Corporate ID: 67926

Annual Report for the year: 1995

Name of Corporation: William R. Van Voast, Electrical Contractor, Inc.

Business entity organized under the laws of the State of:

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)

Phone: ()

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

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

To conduct a general electrical contracting business.

Phone: ()

THE NAMES OF THE OFFICERS ARE:

PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

William R. Van Voast, 72 Fales Road, Bristol, RI 02809

VICEPRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

Paula A. Van Voast, 72 Fales Road, Bristol, RI 02809

SECRETARY STREET ADDRESS CITY/STATE ZIP CODE

Paula A. Van Voast, 72 Fales Road, Bristol, RI 02809

TREASURER STREET ADDRESS CITY/STATE ZIP CODE

William R. Van Voast, 72 Fales Road, Bristol, RI 02809

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

William R. Van Voast, 72 Fales Road, Bristol, RI 02809

NAME STREET ADDRESS CITY/STATE ZIP CODE

Paula A. Van Voast, 72 Fales Road, Bristol, RI 02809

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (Order may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (Order may be attached)

Number of Shares	Class / Series	Number of Shares	Class / Series
600	A	50	A (William R. Van Voast)
		50	A (Paula A. Van Voast)

Date 2/21 19 95

By William R. Van Voast, Electrical Contractor, Inc.

William R. Van Voast, PRESIDENT
PRINT OR TYPE NAME OF OFFICER SIGNING

Form 21 1/85 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.

PETER G. BERMAN
 116 EAST MANNING STREET
 PROVIDENCE RI 02906

FILED
 FEB 21 1995
 BY [Signature]
 156526

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0067926 Annual Report for the year 1994

FIRST: The name of the corporation is WILLIAM R. VAN VOAST, ELECTRICAL CONTRACTOR

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is To conduct a general electrical business

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 55 South Angell Street, Providence, RI 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
WILLIAM R. VAN VOAST	Director	72 Fales Road, Bristol, RI 02809
PAULA A. VAN VOAST	Director	72 Fales Road, Bristol, RI 02809
	Director	
WILLIAM R. VAN VOAST	President	72 Fales Road, Bristol, RI 02809
PAULA A. VAN VOAST	Vice President	72 Fales Road, Bristol, RI 02809
PAULA A. VAN VOAST	Secretary	72 Fales Road, Bristol, RI 02809
WILLIAM R. VAN VOAST	Treasurer	72 Fales Road, Bristol, RI 02809

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		No Par Value

FILED
JUN 24 1994
B1-200K# 5125

Dated June 15 1994

WILLIAM R. VAN VOAST, ELECTRICAL CONTRACTOR, INC.
(Name of Corporation)

By William R. Van Voast

Title President

(Report must be signed by an officer)



State of Rhode Island and Providence Plantations
 Barbara M. Leonard
 Secretary of State
 100 North Main Street
 Providence, Rhode Island
 02903-1335

SUPPLEMENT TO 1994 ANNUAL REPORT

Corporation Name: William R. Van Voast, Electrical Contractor, Inc.

Federal Taxpayer Identification Number: _____

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

N.A.

Phone () _____

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

72 Falls Road
Bristol R.I. 02809

Phone (401) 253-4983

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:

William R. Van Voast
72 Falls Rd
Bristol R.I. 02809

Date of organization: 4/27/92

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

2085

Corporate ID 0000067924 Annual Report for the year 1993

FIRST: The name of the corporation is WILLIAM R. VAN VOAST, ELECTRICAL CONTRACTOR, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is To conduct a general electrical business

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 55 South Angell Street, Providence, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
WILLIAM R. VAN VOAST	Director	72 Fales Road, Bristol, RI
PAULA A. VAN VOAST	Director	72 Fales Road, Bristol, RI
	Director	
WILLIAM R. VAN VOAST	President	72 Fales Road, Bristol, RI
PAULA A. VAN VOAST	Vice President	72 Fales Road, Bristol, RI
PAULA A. VAN VOAST	Secretary	72 Fales Road, Bristol, RI
WILLIAM R. VAN VOAST	Treasurer	72 Fales Road, Bristol, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		No Par Value

PAID
FEB 22 1993
Sec'y OF STATE

Dated 2-15 19 93

WILLIAM R. VAN VOAST, ELECTRICAL CONTRACTOR, INC.

By William R. Van Voast

Title President

(Report must be signed by an officer)