



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 IN BLACK)

1. Corporate ID No. 131735		2. Name of Corporation CARLOS A. MAGINA ELECTRICAL, INC.			
3. Street Address Principal Business Office 57 WALTHAM STREET		City PAWTUCKET	State RI	Zip 02860-	
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE AN 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 CARLOS MAGINA		Vice President Name TERESA MAGINA			
Street Address 92 BITTERSWEET DRIVE		Street Address 92 BITTERSWEET DRIVE			
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
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 CARLOS MAGINA		Director Name			
Street Address 92 BITTERSWEET DRIVE		Street Address			
City SEEKONK	State MA	Zip 02771	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
500 COMM NO PAR VALUE			500	COMMON	NPV

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



1 3 1 7 3 5

FILED
MAR 09 2005

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

Print or Type Name of Officer

President

Title of Officer

131735 DBC 01/24/05 12:13:53 PM

File Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY

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 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 131735		2. Name of Corporation CARLOS A MAGINA ELECTRICAL, INC.			
3. Street Address Principal Business Office 57 WALTHAM STREET		City PAWTUCKET	State RI	Zip 02860	
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 OPERATE AN 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 CARLOS A MAGINA		Vice President Name TERESA MAGINA			
Street Address 92 BITTERSWEET DRIVE		Street Address 92 BITTERSWEET DRIVE			
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
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 CARLOS A MAGINA		Director Name			
Street Address 92 BITTERSWEET DRIVE		Street Address			
City SEEKONK	State MA	Zip 02771	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
500	COMMON	NPV	500	COMMON	NPV

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



1 3 1 7 3 5

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.

Carlos A. Magina 8-24-04
Signature of Officer Date
Carlos A. Magina
Print or Type Name of Officer
President
Title of Officer

File Date
Check No. 12,000
By: 023 95
FOR SECRETARY OF STATE USE ONLY