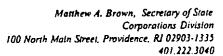




PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED IN						
I. Corporate ID No.	2. Name of Corpora	tion	AL INC			
131735		AAGINA ELECTRICA		State	Zip	
Street Address Principal Business Office		City PAWTUCKET	RI	02860-		
57 WALTHAM STREET					6. SIC Code	
8. Business Phone No. 3. State of Incorporation RHODE ISLAN				0.170 0020		
7. Brief Description of the Ch TO OPERATE AN ELEC	naracter of Business Condi	ucted in Rhode Island ING BUSINESS				
			TTACHMENT) FILL IN S	PACES BEFORE USING AT	TACHMENTS	
8. NAMES AND ADDRE	Egges OF THE OTHE	CHO IN DOWN ONLY	, Vice President Name	Carra Carra		
CARLOS MAGINA			. TERESA MAGINA			
Street Address			Street Address . 92 BITTERSWEET DRIVE			
92 BITTERSWEET DRIVE					Zip	
Ciry	State	Zip	CIÒ	State MA	02771	
SEEKONK	MA	02771	SEEKONK Treasurer Name			
iccretary Name			Treasurer Name			
Street Address			* Street Address	<u> </u>	<u></u>	
Sireel Maaress			:			
City	State	Zip	`City	State	Zip	
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9. NAMES AND ADDR	ESSES OF THE DIRI	ECTORS ("X" BOX FOR	ATTACHMENT) TILL IN	N SPACES BEFORE USING	ATTACHMENTS	
Director Name	The transmission of the second of the second		Director Name			
CARLOS MAGINA			·	···		
Street Address			· Street Address			
Street Address			*			
Sireet Address 92 BITTERSWEET [DRIVE		-			
92 BITTERSWEET I	State	Zip	·City	State	Zip	
92 BITTERSWEET [City SEEKONK		Zip 02771	City	! State	Zip	
92 BITTERSWEET I	State		<u>.</u>	State	Zip	
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92 BITTERSWEET I City SEEKONK Director Name Street Address City 10. SHARES AUTHOR AUTHORIZED SHARES Number of Shares 500 COMM NO PAR This report must be si	State MA State RIZED ("X" BOX FOR Class/Series R VALUE igned in ink by either 1 7 3 5 9	Zip ATTACHMENT) Par Value er the President, Vice	City Director Name Street Address City 11. SHARES ISSUED (ISSUED SHARES Number of Shares 500 President, Secretary, As. Under penalty of this report, includ	State "X" BOX FOR ATTACHME! Class/Series COMMON Sistant Secretary, Treas	Par Value NPV Surer, Receiver or Truste In that I have examined edules and statements.	
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92 BITTERSWEET I City SEEKONK Director Name Street Address City 10. SHARES AUTHOR AUTHORIZED SHARES Number of Shares 500 COMM NO PAR This report must be si 1 3 *131735 DBC 01/24 File Date Check No.	State MA State RIZED ("X" BOX FOR Class/Series R VALUE igned in ink by either 1 7 3 5 9	Zip ATTACHMENT) Par Value er the President, Vice	City Director Name Street Address City 11. SHARES ISSUED (ISSUED SHARES Number of Shares 500 President, Secretary, As. Under penalty of this report, include and that all statem	State Class/Series COMMON Sistant Secretary, Treas perjury, I declare and affirm ting any accompanying sche ments contained herein are to	Par Value NPV Surer, Receiver or Truste In that I have examined edules and statements, rue and correct. 3 - 7 - 05	
92 BITTERSWEET I	State MA State RIZED ("X" BOX FOR Class/Series R VALUE 1 7 3 5 9 4/05 12:13:53 PM*	Zip ATTACHMENT) Par Value er the President, Vice	City Director Name Street Address City 11. SHARES ISSUED (ISSUED SHARES Number of Shares 500 President, Secretary, As. Under penalty of this report, include and that all statem Signature of Officer (3)	State Class/Series COMMON Sistant Secretary, Treas perjury, I declare and affirm ting any accompanying sche ments contained herein are to	Par Value NPV Surer, Receiver or Truste In that I have examined edules and statements, rue and correct. 3 - 7 - 05	



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED	IN BLACK)						
I. Corporate ID No.	2. Name of Corporat	ion AGINA ELECTRIC	AL INC		ļ		
131735	!T'	AGINA ELECTRIC		State	Zip		
3. Street Address Principal Business Office			City	RI	02860		
57 WALTHAM STREET			PAWTUCKET		6. SIC Code		
6. Business Phone No. 5. State of Incorporate RHODE ISLAN				0273			
to operate an ei	Character of Business Condu	ING BUSINESS					
8. NAMES AND ADD	RESSES OF THE OFFIC	ERS ("X" BOX FOR	ATTACHMENT) FILL IN SI	PACES BEFORE USING AT	TACHMENTS		
CARLOS A MAGINA			. TERESA MAGINA				
Sireel Address			Street Address				
92 BITTERSWEET DRIVE			. 92 BITTERSWEET DRIVE				
City	State	Zip	City	State	Zip		
SEEKONK	MA	02771	SEEKONK	MA	02771		
ecreiary Name			Tréasurer Name				
Sireel Address			Street Address				
Cin	State	Zip	City	State	Zip		
City	State	""	,5,				
9. NAMES AND ADI	DRESSES OF THE DIRE	CTORS ("X" BOX FO	PRATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS		
CARLOS A MAGIN	IA ·						
Street Address			Sireet Address				
92 BITTERSWEET	DRIVE		•				
City	State	Zip	•City	State	Zip		
SEEKONK	MA	02771	•				
Director Name	• • • • • • • • • • •		Director Name				
Sircet Address			· Street Address				
Ciry	State	Zip	,Ciry	State	Zip		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)				
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
Trumber of Shares	Classifica		<u> </u>				
500	COMMON	NPV	500	CONMON	NPV		
		<u> </u>			<u> </u>		
	·		<u> </u>	i _	1		
This report must be	signed in ink by eithe.	r the President, Vic	e President, Secretary, Ass	sisiani Secretary, Treus	urer, Receiver or Trustee		
1 3	3 1 7 3 5]	this report, includi	perjury, I declare and affirming any accompanying scholents contained herein are to	dules and statements,		
File Date	· · · · · · · · · · · · · · · · · · ·		AND Signosure of Officer	Al	7-14-04 Date		
Check No		2 25	Print or Type Name	A- Magina			
B <u>v:</u>		N F	Time or type Name	l in			
FOR SECRETARY OF	STATE USE ONLY		Title of Officer		Form 630 12/0		
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