



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)

1. Corporate ID No. 130457		2. Name of Corporation O'NEIL ELECTRIC COMPANY, INC.		
3. Street Address Principal Business Office 39 Foxcroft Avenue		City Warwick	State RI	Zip 02889
4. Business Phone No. (401) 736-0101		5. State of Incorporation RHODE ISLAND		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL ELECTRICAL CONTRACTING AND RELATED SERVICES				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Shawn M. O'Neil		Vice President Name Milissa J. O'Neil		
Street Address 39 Foxcroft Avenue		Street Address 39 Foxcroft Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI
Secretary Name Shawn M. O'Neil		Treasurer Name Shawn M. O'Neil		
Street Address same as above		Street Address same as above		
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name NONE		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
2,000 COMM NO PAR VALUE			400	common
				no par value

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



130457

File Date	2/10/05
Check No.	1485
By:	ec
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: Shawn M. O'Neil Date: 2-12-05
Print or Type Name of Officer: Shawn M. O'Neil
Title of Officer: President



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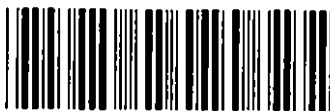
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3. Street Address Principal Business Office 39 Foxcroft Avenue			City Warwick	State RI	Zip 02889
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2,000 COMM NO PAR VALUE			400	common	no par value

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* 1 3 0 4 5 7 *

File Date 3/3/04
Check No. 1226
By: SC

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 Shawn M. O'Neil Date 2-26-04

Print or Type Name of Officer
Shawn M. O'Neil

Title of Officer
President

Title of Officer