

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

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Strice Providence, RI 02903-13, 401.222.30

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Filing Period: January 1 - M (FORM MUST BE TYPE) OK PRIM		lling Fee: \$50.00				
1. Corporate ID No.	2. Name of Corpore	ition				
97058	B. FORTIN E	LECTRIC CO., INC.				
3. Street Address Principal Business	Office		City	State	Zip	
20 Church Street	<u>.                                    </u>		Barrington	RÏ	02806	
4. Business Phone No.		5. State of Incorporation	n		6. SIC Code	
401-374-5976		RHODE ISLAN	<u> </u>		273	
7. Brief Description of the Character TO PROVIDE: ELECTRIC	of Business Conducted CAL SERVICES.	l in Rhode Island				
8. NAMES AND ADDRESSES		DE. CTYT DAY FOR AT	TACHMENT) - DEILLIN	CDACEC BEFORE HEIN	C ATTACUMENTS	
President Name	OF THE OFFICE	iks: ( A BOA FOK AI	Vice President Name	SPACES BEFORE USIN	IG ALIACHMENIS	
Brian J. Fortin			Brian J. Fortin	ļ		
Street Address			Street Address			
20 Church Street	<u>:</u>		same			
City·	State	Zip	Clly	State	Zip	
Barrington	RI	02806			'	
Secretary Name	· d	····· <b>A</b> ········	: Treasurer Name			
Deborah J. Forti	in		Deborah J. Fort	in		
Street Address			Street Address			
20 Church Street	<u>.</u>		same			
City	State	Zip	City	State	Zip	
Barrington	RI	02806				
9. NAMES AND ADDRESSES	OF THE DIRECT	TORS: ("X" BOX FOR A	NTTACHMENT) 📋 FILL I	N SPACES BEFORE US	ING ATTACHMENTS	
Director Name			Director Name			
Brian J. Fortin			Deborah J. Fort	in		
Street Address			Street Address			
same			same			
City	State .	. Zip	City	State	Zip	
····	.1					
Director Name			Director Name			
Street Address			Street Address	<u> </u>	······································	
THE THAT ELD			Siries Adarts			
City	State	Zφ	City	State	Zip	
•		'			'	
10. SHARES AUTHORIZED	("X" BOX FOR	NTTACHMENT)	: 11. SHARES ISSUED	("X" BOX FOR ATTAC	HMENT) □	
AUTHORIZED SHARES			ISSUED SHARES	•	, <u> </u>	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
	-	<u>-</u>				
1,000 NO PAR VALUE			200	common	no par value	
		· · · ·				
This report must be	signed in ink by	cither the President, Vice	President, Secretary, Assist	ant Secretary, Treasurer	, Receiver or Trustee	
			·	-		
	<u> </u>					
			Under penalty of ne	rium I declare and affirm	that I have examined this rep	
' '25"					atements, and that all stateme	
			contained herein ar		·	
File Date			de las of	f Ch Tenles	√ 2/4/05	
FILFI		_	Signature of Officer Date			
Check No.			Deborah J. Fortin			
Check No. FEB 0 8 2005						
By:			Print or Type Name of Officer  Secretary/Treasurer			
FOR SHEWELD OF STATE USE OF VALUE						
POR SIS RELEXITOR STATE USE OF STATE			Title of Officer			



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Stree Providence, RI 02903-13: 401.222.30:

2004

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_

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

(PORM MUSI BE LIPED OR PRI	NIED IN BLACK)						
1. Corporate ID No.	2. Name of Corporation						
97058 B. FORTIN ELECTRIC CO., INC.							
3 Street Address Principal Business		• • • • • • • • • • • • • • • • • • • •	City:	State	Zip		
20 Church Street			Barrington	RI	02806		
4 Business Phone No.		5. State of Incorporati	lon		6. SIC Code		
401-245-2334		RHODE ISLA	מא		273		
7. Brief Description of the Character TO PROVIDE ELECTR	of Business Conducted in ICAL SERVICES.	1 Rhode Island	W115-		<del></del>		
8. NAMES AND ADDRESSE	S OF THE OFFICER	S: ("X" BOX FOR A	TTACHMENT)   FILL IN S	PACES BEFORE USI	NG ATTACHMENTS		
President Name	-		Vice President Name	. , –			
Brian J. Fortin			Brian J. Fort	<b>i</b> n			
Street Address			Street Address				
20 Church Street			see president				
City	State	Žφ	City	State	Z.(p		
Barrington	RI	02806					
Secretary Name	d	<del>/</del>	: Treasurer Name		••••••••d••••••••		
Deborah J. Fortin			Deborah J. Fo	rtin			
Street Address			Street Address				
20 Church Street			see secretary				
City	State	Zip	City	State	Zíp		
Barrington	RI	02806					
9. NAMES AND ADDRESSE	. !		ATTACHMENT)   FILL IN	SPACES BEFORE U	SING ATTACHMENTS		
Director Name		(	: Director Name				
Brian J. Fortin							
Street Address	· · · · · ·		Sirvei Address	<del></del> -			
see above							
City	State	Zip	City	State	Zip		
y		""		•	"#		
Director Name		J	Director Name				
The contract							
Street Address			Street Address		<del></del>		
SITEEL MAGNESS			SIFEE AUUTES				
City	State	Zip	City	State	Zip		
		'			'		
10. SHARES AUTHORIZED	("X" BOX FOR AT	TACHMENT) []	11. SHARES ISSUED (	"X" BOX FOR ATTA	CHMENT) □		
AUTHORIZED SHARES	(		•	ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
	0				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
1,000 NO PAR VALUE			200	common	no par valu		
<u></u>			200	Common	110 par vare		
				1			
771							
Inis report must be	signed in ink by er	ther the President, Vi	ce President, Secretary, Assista	nt Secretary, Treasure	er, Receiver or Trustee		
		<b>   [ ]</b>					
			Under penalty of per	jury, I declare and affirm	n that I have examined this rep		
	9 7 0 5 8	*.			statements, and that all statem		
		1	contained herein are	true and correct.	L·,		
File Date	EN	_	historia	Ky Hus/	2/24/04 /		
	FILL	115	Signature of Officer	1	Daie		
Check No.	3004	-   3loli	Dahamah 1	Fomtile Colors	- a		
Check No. FEB 2 4 2004  By:			Deborah J. Fortin, Secretary/Treasurer  Print or Type Name of Officer				
Ву:	· dd	<u> </u> سم	rini or type Name of	Officer			
FOR SECRETARY OF S							
FOR SECRETARY OF S	HOME BOS CHILITY		Title of Officer				
					Form 630 Rev. 12/03		

EAWARA S. IRMAR, 111, SCIENTE OF SILL Corporations Divisio 100 North Main Street, Providence, RI 02903-133 401-222-304

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

97058

B. FORTIN ELECTRIC CO., INC.

3. Street Address Principal Business Office

20 Church Street

City

State

Zip 02806

4. Business Phone No.

5. State of Incorporation

RI

6. SIC Code

401-245-2334

**RHODE ISLAND** 

273

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

electrical contractor

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

President Name

Street Address

City

City

Brian J. Fortin

20 Church Street

2.ip

210

Street Address same

State

State

Zip

Barrington Secretary Name

RΙ

02806

Treasurer Name

Deborah J. Fortin

Barrington

Brian J. Fortin

Deborah J. Fortin Street Address

Street Address

20 Church Street

City

see secretary

Zip

Barrington

RI

State

02806

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

Director Name

Director Name

Brian J

see above

Fortin Street Address

Deborah J. Fortin Street Address

State

City

see above -

Director Name

Zip

State

Director Name

Street Address

Street Address

City

City

Zip

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

AUTHORIZED SHARES Number of Shares

Class/Series

State

Par Value

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

Number of Shares

Class/Series

Par Value

Date

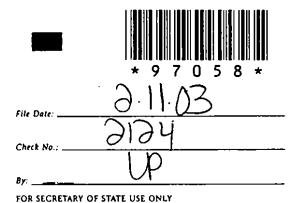
1,000 NO PAR VALUE

100

common

no par valu

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



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, anstatements contained herein are trug and correct.

Deborah J. Fortin

Print or Type Name of Officer

<u>Secretary/Treasurer</u> Title of Officer

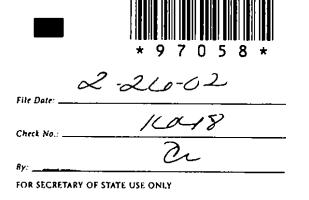
Farin 630 12/02

Edward S. Inman, III, Secretary of State Corporations Divisio 100 North Main Street, Providence, RI 02903-133. 401-222-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 97058 B. FORTIN ELECTRIC CO., INC. 3. Street Address Principal Business Office 20 Church 4. Business Phone No. RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island electrical contract 8. NAMES AND ADDRESSES OF THE OFFICERS ("x" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address City Z.Ip Director Name Street Address Street Address City State 2.ip City State Zip 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 1,000 NO PAR VALUE

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	examine	:d
this report, including any accompanying schedules and s	tatement	s, and
that all statements contained herein are true and correct		
Bring 1900 2/22	1/8	2
Signature of Officer Date		
Brian J Forting		
President		
Tule of Officer	Ferm 630	12/01

Corporations Division 100 North Main Street, Providence, RI 02903-13. 401-222-30-

## 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.

2. Name of Corporation

P. FORTIM FIRCTRIC CO



7,020	D. PURITH EL	LECIRIC CO., IF	NC.		
3. Street Address Principal Business Offi 20 Char Business Phone No. 401-245-	#15"Stre 2334	S. State of Incorporation RHODE ISLAND	Parring ton	State P	6. SIGNAT (S.
7. Bilef Description of the Character of I	, .	le Island SIN ESS	·		
8. NAMES AND ADDRESSES	OF THE OFFICER		MENT) FILL IN SPACES BEF	ORE USING ATTACHME	INTS .
President Name Brian	J. Far	tin	Vice President Name  BV1010	J. For	tin
20 Chu	rch St	neet	Street Address 30MC a	s Presi	Sout
Barringto.	n Rl	<sup>219</sup> 02806	City	State	Zip
Debora!	JE	rtin	Treasure Name COVA	h J. F.	ortin
Street Address 20 Chun	h Street	et -	Street Address SEC S	ceretar	W.
Barring to	in El	zip 0 2806	City	State	<b>A</b> ₽
9. NAMES AND ADDRESSES	OF THE DIRECTO	ORS ("X" BOX FOR ATTAC		EFORE USING ATTACH	MENTS
Director Name	T Forti	7 . •	Director Name		
Street Address SEE ab		<i>(                                    </i>	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 ( AUTHORIZED SHARES	"X" BOX FOR ATTACHM	ENT)	11. SHARES ISSUED ("X" E	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALU	E		100	common	no pa
					•

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

Title of Officer

	* 9 7 0 5 8 *
File Date:	2/21
Check No.:	1140
Ву:	de
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 an statements contained herein are true and correct.
Signature of Officer Date
Print or Type Name of Officer

James R. Langevin, Secretary of St. Corporations Divisi 100 North Main Street, Providence, RI 02903-13 401-222-36

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000



Filing Period: January 1	-March 1 • Fi	ling Fee: \$50.00		2000	INSTRUCTION
(FORM MUST BE TYPED IN BLACK					
1. Corporate ID No.	2. Name of Corporation				
97058 3. Street Address Principal Business Of	B. FORTIN E	LECTRIC CO., INC	C. – – -	State	- Zip
20 Church Street			Barrington	RI	02806
4. Business Phone No.		5. State of Incorporation	· ·	•	6. SIC Code
401-245-2334		BUANE TELANA			273
7. Brief Description of the Character of	Business Conducted in Rh	ode Island		••	2.0
electrical servic 8. NAMES AND ADDRESSE President Name	e		MENT) FILL IN SPACES BEFO	DRÉ USING ATTACHM	ENTS
Brian J. Fortin			Brian J. Fortin		
20 Church Street			See President		
City	State	Zip	City	State	. Zip
Barrington Secretary Name	RI	02806	Treasurer Name	******	• ••••••
Deborah J. Fortin			Deborah J. Fortin	ı	
20 Church Street			See Secretary		
City	State	Zip	City	State	Zip
Barrington	RI	02806			
9. NAMES AND ADDRESSE Director Name	S OF THE DIRECT	ORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES BE Director Name	FORE USING ATTACH	IMENTS
Brian J. Fortin Street Address			Street Address		
See president					
City	State	Zip	City	State	Zip
Director Name			Director Name	·*····································	<b>v</b>
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED STARES	("X" BOX FOR ATTACE	IMENT)	11. SHARES ISSUED (*X* B	ÓX FOR <u>ATT</u> ACH <u>ME</u> NT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
1,000 NO PAR VALUE	E		100	common	no par va
This report must be signed	<b>l in ink</b> by either	the President, Vice P	resident, Secretary, Assistan	it Secretary, Treasure	r, Receiver or Trus

Title of Officer

	* 9 7 0 5 8 * 2/22/00			
File Date:	690			
Ву:	2			
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, ap
that all statements contained berein are true and correct.  Librah Jantin 1831
Sifrature of Officer Date
Deborah J. Fortin, Secretary
Print or Type Name of Officer

James R. Langevin, Secretary of Sta Corporations Divisi 100 North Main Street, Providence, RI 02903-13 401-222-30

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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INSTRU	HOX

1. Corporate ID No.	LACK) 2. Name of Corporat	tion			
97058	•	ELECTRIC CO., INC.			
3. Street Address Principal Busin	ess Office		Sarring 7	ton state R1	02806
4. Business Phone No. 401-245- 7. Brief Description of the Chara	•	5. State of Incorporation  RHODE ISLAND  n. Rhode Island	<u> </u>		: 6. SIC Code
plectno					
8. NAMES AND ADDR	ESSES OF THE OFFI	CERS ("X" BOX FOR ATTACH	IMENT) FILL IN SPACES  Vice President Name	S BEFORE USING ATTA	CHMENTS
	J Fort		Brian Street Address	J. Fort	in
20 CM	urch St		Same		
Barring	ton R1	2ip 02806	City	State	Zip
Secretary Name /	LIFE	rtin	Denne h	J. Fort	10
Debora		• • •			
Street Address			Street Address		
DCbora Street Address Same City	State	Zip	Street Address SAML City	· State	
DCBOPA Street Address  SAML  City  9. NAMES AND ADDR	State	Zip ECTORS ("X" BOX FOR AITA	City  CHMENT) FILL IN SPACE	State CES BEFORE USING AT	•
DCBOPA Street Address  SAML  Otty  9. NAMES AND ADDR	State	·	City	•	•
Street Address  SAME  City  9. NAMES AND ADDR  Director Same  Bran  Street Address	State	·	City  CHMENT) FILL IN SPACE	•	•
DCBORA  Street Address  City  9. NAMES AND ADDR  Director Name  BPLAN  Street Address  SAML	State	·	City  CHMENT) FILL IN SPAC  Director Name	•	•
DCBOPA  Street Address  SAML  9. NAMES AND ADDR  Director Name  BPLAN  Street Address  SAML  City	ESSES OF THE DIRE	ECTORS ("X" BOX FOR AITA	City  CHMENT) FILL IN SPAC  Director Name  Street Address	CES BEFORE USING AT	TACHMENTS
Street Address  SAME  City:  9. NAMES AND ADDR  Director Name  Bran  Street Address	ESSES OF THE DIRE	ECTORS ("X" BOX FOR AITA	City  CHMENT) FILL IN SPAC  Director Name  Street Address  City	CES BEFORE USING AT	TACHMENTS
Debora Street Addiess  City:  9. NAMES AND ADDR Director Name  Street Address  City  Director Name  Street Address	ESSES OF THE DIRE	ECTORS ("X" BOX FOR AITA	City  CHMENT) FILL IN SPACE Director Name  Street Address  City  Director Name	CES BEFORE USING AT	TACHMENTS
Street Address  City  9. NAMES AND ADDR  Director Name  Street Address  City  Director Name  Street Address  City	State  ESSES OF THE DIRE  T. Forty  State  State	ECTORS ("X" BOX FOR AITA Zip Zip	City  CHMENT) FILL IN SPACE Director Name  Street Address  City  Director Name  Street Address  City  City	CES BEFORE USING AT	Zıp
Street Addiess City  9. NAMES AND ADDR Director Name Street Address City  Director Name Street Address City  10. SHARES AUTHORIS AUTHORIZED SHARES	State  ESSES OF THE DIRE  T. FORT  State  State  ZED (*X* BOX FOR ATT)	Zip Zip	City  CHMENT) FILL IN SPACE Director Name  Street Address  City  Director Name  Street Address  City  11. SHARES ISSUED  ISSUED SHARES	State  State  ("X" BOX FOR ATTACHMENT	Zip Zip
Street Address  SUML  City  9. NAMES AND ADDR  Director Name  Street Address  City  Director Name	State  ESSES OF THE DIRE  T. Forty  State  State	ECTORS ("X" BOX FOR AITA Zip Zip	City  CHMENT) FILL IN SPACE Director Name  Street Address  City  Director Name  Street Address  City  11. SHARES ISSUED	CES BEFORE USING AT  State  State	Zip Zip Par Value

* 9 7 0 5 8 *	Under penalty of perfury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, an
File Date:	that all statements contained herein are true and correct.  Signature of Officer  Dant  Dant
By:	Brian J. Fortin
FOR SECRETARY OF STATE USE ONLY	Title of Officer

James R. Langevin, Secretary of St Corporations Divis 100 North Main Street, Providence, RI 02903-1:

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

TOTA
PHEASE REAL INSTRUCTION

(FORM MUST BE TYPED IN BL	ACK)				
1. Corporate ID No.	2. Name of Corporation	· · · · · · · · · · · · · · · · · · ·			\
97058	B. FORTIN E	LECTRIC CO., INC.	:		
3. Street Address Principal Busines			Barrington	State DI	2100 2 50 /
20 Churc	$n \cup C$ .		Basington	1 101	02006
4. Business Phone No. 401-245-	2334	5. State of Incorporation RHODE ISLAND	)		6. SIC COde 6. SIC COde
7. Brief Description of the Charactic PC ( C C + V )	· · · · · · · · · · · · · · · · · · ·	thode Island			
8. NAMES AND ADDRES	SSES OF THE OFFIC	ERS ("X" BOX FOR ATTACH	IMENT)		
Brian 3	5 Forti		Vice President Name Brlam	J. Fort	tin
Street Address 20 Ch U	urch 8	<del> </del>	Screet Address Same	•	
Barringto	n state RI	208506	City	State	Zip
500 Deborah	J For	tin	Debora 1	n J For	tin
Street Address Chul			Street Address Saml		
Barrington	1 State	702806	City	State	Zip
9. NAMES AND ADDRES	SSES OF THE DIREC	TORS (*X* BOX FOR ATTA	CHMENT)		_
Director Name	J For	~ <del>\</del> .'.	Director Name		
Street Address	0 101	1111	Street Address		
Same	_	•	JINTI AUDITIJ		
City	State	Zip	City	State	Zip
Director Name		**	Director Name		•• •••
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED (*x* box for attac	HMENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMENT)	•
Number of Shares	Class/Series	Par Value	ISSUED SHARES  Number of Shares	Class/Series	Par Value
1,000 NO PAR VALU	JE		100	common	Par Value NOPOL
•	•				,
					1

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

~	11198
File Date: _	19/10
Check No.: .  By:	100
, —	TARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, an

tat an statements contained negen	. 1
Rian I. Fortin	1/31/9-
gnature of Officer	Date,

Print or Type Name of Officer