



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 **AMENDED**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 90301		2. Name of Corporation Energy Electric Co., Inc.			
3. Street Address Principal Business Office 1265 Mendon Rd		City Woonsocket	State RI	Zip 02895	
4. Business Phone No. 401-766-1774		5. State of Incorporation RI		6. SIC Code 0273	
7. Brief Description of the Character of Business Conducted in Rhode Island Commercial, Industrial, and Residential Power, Lighting and Communication					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Bruce E. Dubeau		Vice President Name Christopher N. Odom			
Street Address 33 Andrew Street		Street Address 62 Miller Ave			
City Bellingham	State MA	Zip 02019	City Blackstone	State MA	Zip 01504
Secretary Name Bruce E. Dubeau		Treasurer Name Linda M. Dubeau			
Street Address 33 Andrew Street		Street Address 33 Andrew Street			
City Bellingham	State MA	Zip 02019	City Bellingham	State MA	Zip 02019
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Bruce E. Dubeau		Director Name			
Street Address 33 Andrew Street		Street Address			
City Bellingham	State MA	Zip 02019	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 - Common		600	Common	No par

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

File Date 11/9/05

Check No. Cor

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 Bruce E. Dubeau Date 11-8-05

Print or Type Name of Officer
Bruce E. Dubeau

Title of Officer
President