



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. 113373
2. Name of Corporation Summit Electrical Contractors Inc.
3. Street Address Principal Business Office 21 POWDER HILL ROAD
City LINCOLN State RI Zip 02895-
4. Business Phone No. 4013349302
5. State of Incorporation RHODE ISLAND
6. SIC Code 0273
7. Brief Description of the Character of Business Conducted in Rhode Island
TO CONDUCT BUSINESS AS AN ELECTRICAL CONTRACTOR

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

President Name Rene D. Bisson Street Address 19 Camp Street City Cumberland State RI Zip 02864 Secretary Name Street Address City State Zip	Vice President Name Rainer Spiegel Street Address 5 Gladstone Street City Smithfield State RI Zip 02917 Treasurer Name Barbara Bisson Street Address 19 Camp Street City Cumberland State RI Zip 02864
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9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Rene D. Bisson Street Address 19 Camp Street City Cumberland State RI Zip 02864 Director Name Street Address City State Zip	Director Name Rainer Spiegel Street Address 5 Gladstone Street City Smithfield State RI Zip 02917 Director Name Street Address City State Zip
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10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES Number of Shares Class Series Par Value 1,000 NO PAR VALUE	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES Number of Shares Class Series Par Value two no par
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



113373 DBC 02/05/05 03:22:05 PM
File Date 5-25-05
Check No. 3117
By: OW
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 Rene D. Bisson Date 5/16/05
Rene D. Bisson
Print or Type Name of Officer
President
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 Street, Providence, RI 02903-1333
401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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1 Corporate ID No 113373
2 Name of Corporation Summit Electrical Contractors Inc.
3 Street Address Principal Business Office 21 POWDER HILL ROAD
City LINCOLN State RI Zip 02895-
4 Business Phone No 401 334 9302 5 State of Incorporation RHODE ISLAND 6 SIC Code
7 Brief Description of the Character of Business Conducted in Rhode Island
TO CONDUCT BUSINESS AS AN ELECTRICAL CONTRACTOR

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

President Name Rene D. Bisson Street Address 19 Camp Street City Cumberland State RI Zip 02864 Secretary Name Street Address City State Zip	Vice President Name Rainer Spiegel Street Address 5 Gladstone Street City Smithfield State RI Zip 02917 Treasurer Name Barbara Bisson Street Address 19 Camp Street City Cumberland State RI Zip 02864
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9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Rene D. Bisson Street Address 19 Camp Street City Cumberland State RI Zip 02864 Director Name Street Address City State Zip	Director Name Rainer Spiegel Street Address 5 Gladstone Street City Smithfield State RI Zip 02917 Director Name Street Address City State Zip
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10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Number of Shares	Class Series	Par Value
1,000	NO PAR VALUE	

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

Number of Shares	Class Series	Par Value
2	no par	

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



113373 DBC 02/09/04 06:03:51 PM
File Date 3 8 04
Check No 2532
By 1UP
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 Rene D. Bisson Date 2-18-04
Print or Type Name of Officer Rene D. Bisson
Title of Officer President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *113373*		2. Name of Corporation Summit Electrical Contractors Inc.			
3. Street Address Principal Business Office 21 POWDER HILL ROAD			City LINCOLN	State RI	Zip 02895-
4. Business Phone No. 4013349302		5. State of Incorporation RHODE ISLAND		6. SIC Code 0273	
7. Brief Description of the Character of Business Conducted in Rhode Island TO CONDUCT BUSINESS AS AN ELECTRICAL CONTRACTOR					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Rene Bisson			Vice President Name Rainer Spiegel		
Street Address 19 Camp Street			Street Address 5 Gladstone Street		
City Cumberland	State RI	Zip 02864	City Smithfield	State RI	Zip 02917
Secretary Name			Treasurer Name Barbara Bisson		
Street Address			Street Address 19 Camp Street		
City	State	Zip	City Cumberland	State RI	Zip 02864
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Rene Bisson			Director Name Rainer Spiegel		
Street Address 19 Camp Street			Street Address 5 Gladstone Street		
City Cumberland	State RI	Zip 02864	City Smithfield	State RI	Zip 02917
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		two		no par
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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



**113373* 2/27/03 FILED
File Date
MAR 20 2003
Check No.
By: COM 2079
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.

Rene Bisson 3/10/03
Signature of Officer Date
Rene Bisson
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **113373**
2. Name of Corporation **Summit Electrical Contractors Inc.**
3. Street Address Principal Business Office
21 Powder Hill Road
4. Business Phone No. **334-9302**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island

City **Lincoln** State **Ri** Zip **02865**
6. SIC Code **0273**

Electrical contractor

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

President Name **Rene Bisson**
Street Address **19 Camp St.,**
City **Cumberland** State **Ri** Zip **02864**

Vice President Name **Rainer Spiegel**
Street Address **5 Gladstone St.,**
City **Smithfield** State **Ri** Zip **02917**

Secretary Name
Street Address
City State Zip

Treasurer Name **Barbara Bisson**
Street Address **19 Camp St.,**
City **Cumberland** State **Ri** Zip **02864**

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

Director Name **Rene Bisson**
Street Address **19 Camp St.,**
City **Cumberland** State **Ri** Zip **02864**

Director Name **Rainer Spiegel**
Street Address **5 Gladstone St.,**
City **Smithfield** State **Ri** Zip **02917**

Street Address
City State Zip

Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
two no par

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



* 1 1 3 3 7 3 *

File Date: 4/5/02
Check No.: 1565
By: GDB

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 Rene D Bisson 3/30/02
Print or Type Name of Officer Rene D. Bisson

President
Title of Officer



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. 113373 2. Name of Corporation Summit Electrical Contractors
3. Street Address Principal Business Office 21 Powder Hill Rd. City Lincoln State RI Zip 02895
4. Business Phone No. 401 334 9302 5. State of Incorporation RI 6. SIC Code 02895
7. Brief Description of the Character of Business Conducted in Rhode Island Electric Contractor

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name	Rene Bisson	Vice President Name	Rainer Spiegel
Street Address	15 Camp St	Street Address	5 Gladstone St.,
City	Cumberland	City	Esmond
State	RI	State	RI
Zip	02864	Zip	02917
Secretary Name		Treasurer Name	Barbara Bisson
Street Address		Street Address	19 Camp St.,
City		City	Cumberland
State		State	RI
Zip		Zip	02864

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name	Rene Bisson	Director Name	
Street Address	19 Camp Street	Street Address	
City	Cumberland	City	
State	ri	State	
Zip	02864	Zip	
Director Name	Rainer Spiegel	Director Name	
Street Address	5 Gladstone Street	Street Address	
City	Esmond	City	
State	RI	State	
Zip	02917	Zip	

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1000	common	without

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	2	common	without

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

File Date: 3-21-01
Check No.: 1171
By: [Signature]
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: Rene D. Bisson Date: 2/28/01
Print or Type Name of Officer: Rene D Bisson
Title of Officer: President