



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. 139886		2. Name of Corporation New Engalnd Electrical Systems Inc.			
3. Street Address Principal Business Office 79 Edsel Road			City Littleton	State MA	Zip 01460
4. Business Phone No. 978-952-8400		5. State of Incorporation Massachusetts		6. SIC Code 02035	
7. Brief Description of the Character of Business Conducted in Rhode Island Electrical contracting company for residential, commerical and industrial customers for both new and renovation-type projects.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dana A. Crosby			Vice President Name Daneil E. Warner		
Street Address 79 Edsel Road			Street Address 82 Ridge Road		
City Littleton	State MA	Zip 01460	City Foxboro	State MA	Zip 02035
Secretary Name Daneil E. Warner			Treasurer Name Daneil E. Warner		
Street Address 82 Ridge Road			Street Address 82 Ridge Road		
City Foxboro	State MA	Zip 02035	City Foxboro	State MA	Zip 02035
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dana A. Crosby			Director Name Daniel E. Warner		
Street Address 79 Edsel Road			Street Address 82 Ridge Road		
City Littleton	State MA	Zip 01460	City Foxboro	State MA	Zip 02035
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
200,000	CWP	\$0.01	None		
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



1 3 9 8 8 6

File Date 1-19-05
Check No. 10310
By: 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, and that all statements contained herein are true and correct.

Dana Crosby 1-18-05
Signature of Officer Date
Dana Crosby
Print or Type Name of Officer
President
Title of Officer