

N'attrem A. Wown, Secretary of State Corporations Division 146 Nord, Main Street, Providence, RI 02903-1335 401 222,3040

PROFIT	CORPORATION.	ANNIIAL REPOR	T FOR THE VEA	<b>p</b> 2005
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3. Street Address Principal Business Office  3.3 APPIAN WAY  4. Business Phone No.  4.012325560  7. Brief Description of the Character of Business Content and Interpretation of the Character of Business Content and Interpretation Name  8. NAMES AND ADDRESSES OF THE OFFICE Address  4.0 Byron Randall Road  City  IN Scituate  Secretary Name  Michael P Murzycki  Street Address  1.72 Blackstone St  City  State	S. State of Incorp. RHODE ISL Orducted in Rhode Island USTRIAL ELECTRIC	AND  PAL SYSTEMS  PRATTACIMENTAL FILL INSITE OF President Name  • Michael P Murzy  • Street Address  • 172 Blackstone  City  • Bellingham	/cki Street	Zip 02917- 6. SIC: Code 273	
Advance E  3. Street Address Principal Business Office  3. Street Address Principal Business Office  3. APPIAN WAY  4. Business Phone No.  4.012325560  7. Brief Description of the Character of Business C RESIDENTAIL, COMMERCIAL AND INI  8. NAMES AND ADDRESSES OF THEO President Name  John D. Dell'Oro Street Address  4.0 Byron Randall Road  City  IN Scituate  Scientiary Name  Michael P Murzycki  Street Address  1.72 Blackstone St  City  State	S. State of Incorp. RHODE ISL Onducted in Rhode Island USTRIAL ELECTRIC RICERS ("X" BOXIFO	SMITHFIELD  Oration AND  CAL SYSTEMS  ORATIACHMENT)   Fill in Significant Name  Office President Name  Office Address  172 Blackstone  City  Bellingham	RI ACES BEHORE USINGA /cki Street	02917- 6. SIC Code 273	
3. Street Address Principal Business Office  3.3 APPIAN WAY  4. Business Phone No.  4.012325560  7. Brief Description of the Character of Business C RESIDENTAIL, COMMERCIAL AND INI  8. NAMES AND ADDRESSES OF THEO President Name  John D. Dell'Oro Street Address  4.0 Byron Randall Road  City State  N. Scituate RI Secretary Name Michael P Murzycki  Street Address  172 Blackstone St  City State	S. State of Incorp. RHODE ISL unducted in Rhode Island USTRIAL ELECTRIC FIGERS AND BOXIFO	SMITHFIELD  Oration AND  CAL SYSTEMS  ORATIACHMENT)   Fill in Significant Name  Office President Name  Office Address  172 Blackstone  City  Bellingham	RI ACES BEHORE USINGA /cki Street	02917- 6. SIC Code 273	
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8. NAMES AND ADDRESSES OF THE OF President Name  John D. Dell'Oro  Street Address  40 Byron Randall Road  City State  N Scituate RI  ceretary Name  City Name  Street Address  172 Blackstone St  Tyron State  State	onducted in Rhode Island USTRIAL ELECTRIC FIGERS AND BOXIFO  Lip	CAL SYSTEMS  PRATACIDENT   FILL INSI  Vice President Name  Michael P Murzy  Street Address  172 Blackstone  City  Bellingham	/cki Street		
8. NAMES AND ADDRESSES OF THE OF President Name  John D. Dell'Oro  Street Address  40 Byron Randall Road  City State  N Scituate RI  ceretory Name  Michael P Murzycki  Street Address  172 Blackstone St  City State	USTRIAL ELECTRIC  PROCESS MEXIMINATE  Company of the company of th	PATTACIMENT) Fill INSI- Vice President Name • Michael P Murzy Street Address • 172 Blackstone City • Bellingham	/cki Street	17.6 km (3+3+1)	
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City Name  Michael P Murzycki  Street Address  172 Blackstone St	02857	Bellingham	State	Zip	
Michael P Murzycki  Street Address 172 Blackstone St  ity State			MA	02019	
Street Address 172 Blackstone St State		Treasurer Name		• • • • • • • • • • • •	
172 Blackstone St		John D. Dell'Or	o		
Tity State	•	Street Address			
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Pirector Name					
		Director Name			
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his report must be signed in ink by either	er the President Vice	President Secretary Assist			

\*90193 DBC 02/03/05 03:07:09 PM\*

File Date

Check No.

FEB 0 8 2005

FOR SECRETARY OF STATE USE ONL!

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 Date

Print or Type Name of Officer

Ression Tule of Officer

Form 630 12/01

Filing Fee: \$20.00

1D Number: 90193



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335

FILED

**BUSINESS CORPORATION** 

FEB 09 2005

STATEMENT OF CHANGE OF REGISTERED AGENT BY THE CORPORATION

256814

•	suant to the provisions of Sections 7-1.1-12 or 7-1.1-107 of the General Laws, 1956, as amended, the undersigned poration submits the following statement for the purpose of changing its registered agent and its registered office in the e of Rhode Island:
1.	The name of the corporation is Advance Electrical Corp.
2.	The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:  P.O. Box 119, Slatersville, RT 02876
3.	The address of the NEW registered office is: Piore & Rosenbaum LLP 30 Exchange Terrace, Providence RI 02903
4.	The name of the registered agent as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is: $Edward\ E.\ Dillon\ JR$
5. 1	The name of the NEW registered agent is:  Steven I. Rosenbaum, Esq.
7. Т	The appointment of a new registered agent and the new registered office, as the case may be, shall become effective upon the filing of this statement, or on the filing of the
	D2/08/05  Advance Electrical Corp.  Print Corporate Name
STAT	Ol A This is a little Benefit of the billion of the
before is the such o	who, being by me first duly sworth, declared that he/she of the corporation and that he/she signed the foregoing document as officer of the corporation, and that the statements herein contained are true.
Form N	Notary Public Jennia 2. Coft  My Commission Expires: 07/00/6



# STATE OF RHODE ISLAND AND THE STOUNCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Dist. 100 North Main St Providence, RI 02903-1,

Form 630 Rev. 12/03

PROFIT CORPORATION AND TO THE PROFIT OF THE	401.222.3
PROFIT CORPORATION ANNUAL EFORT FO	OR THE YEAR 2004
(FORM WIST BE TOWN ON THE	

Filing Period: January 1 (FORM MUST BE TYPED OR P)	March 1 •  UNTED IN BLACK	Filing Fee: \$50,00	ORT FOR THE YEA	4 K	2004
I. Corporate ID No. 90193	2. Name of Co	троганов			
3. Street Address Principal Busines	3 Office	e Electrical Corp.			
_ 33 APPIAN WAY	, " 		SMITHFIELD	State	Zip
4. Business Phone No. 232-5560		5. State of Incorpora	tion STITITE LELD	RI	02917
					6. SIC Code
7. Brief Description of the Characte RESIDENTAIL, COMM	r of Business Condi MERCIAL AND IN	icted in Rhode Island IDUSTRIAL ELECTRICAL S	<u> </u>	<del></del>	273
8. NAMES AND ADDRESSE President Name	S OF THE OFF	ICEDS CAME DOWN	SYSTEMS		
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JOHN D. DELL'	ORO				
Street Address 40 BYRON RAND	ALL ROAD		MICHAEL P. MU		
Ciņ	State	Zip	172 BLACKSTON	E STREET	
SCITUATE	RI	02857	BELLINGHAM	State	Zip
Secretary Name		•••••••••••••••••	Treasurer Name	MA	02019
MICHAEL P. MUI	RZYCKI		JOHN D. DELL'	ORO	
172 BLACKSTONE	C STDFFM		Street Address		<del></del>
Cliy	State	1	40 BYRON RAND	ALL ROAD	
BELLINGHAM	MA	<i>Σιρ</i> 02019	City	State	Zip
9. NAMES AND ADDRESSES Director Name	OF THE DIRE	CTORS: ("X" BOX FOR	SCITUATE	RI	02019
		· · · · · · · · · · · · · · · · · · ·	Director Name	SPACES BEFORE U	SING ATTACHMENTS
JOHN D. DELL'O	RO		MICHAEL P. MI	IDOVOVI	
** SEE ABOVE *	•		Street Address	JKEICKI	
City	State	<u> </u>	** SEE ABOVE	**	
***************************************		Zip	City	State	Zip
Director Name	٠	J			
			Director Name		••••••••••••••••
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1,000 NO PAR VALUE			rumor of shares	Class/Senes	Par Value
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				COMMON	NO PAR VALUE
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	אַמריחר שייאאר.	either the President, Vice	President, Secretary, Assistant	Secretary, Treasurer	Receives on Tours
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		i			
			11 4		
<u> </u>	0193	_*	Under penalty of perjury	. I declare and affirm the	hat I have examined this report.
3./-	$\Delta \mathcal{C}$		contained herein are true		tements, and that all statements
le Date	04	_	L,	(6)	1.1
reck No/32:	37		Signature of Officer	2000	<u> </u>
<del></del> ু		-	- <del>-</del>		Dale '
·	<u> </u>	_	Print or Type Name of Off	LL'ORO, PRE	SIDENT
FOR SECRETARY OF STATE	LISE ONLY				

Title of Officer

Edward S. Immen, III. Secretary of S. - Corporations Divis

100 North Main Street, Providence, RI 02903-13 401-222-36

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 . Filing Fec: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

90193

Advance Electrical Corp.

3. Street Address Principal Business Office

846 BRONCO HIGHWAY

MAPLEVILLE

Vice President Name

BELLINGHAM

Treasurer Name

State RT

02839

4. Business Phone No.

5. State of Incorporation

6. SIC Code

568-1555

**RHODE ISLAND** 

273

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

RESIDENTIAL, COMMERCIAL AND INDUSTRIAL ELECTRICAL SYSTEMS

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

President Name

JOHN D. DELL'ORO

Street Address

40 BYRON RANDALL ROAD

SCITUATE

RI

02857

172 BLACKSTONE STREET

JOHN D. DELL'ORO

40 BYRON RANDALL ROAD

MICHAEL P. MURZYCKI

MA

ຶ່ງ2019

Secretary Name

MICHAEL P. MURZYCKI

Street Address

172 BLACKSTONE STREET

City BELLINGHAM

State MA 02019

State RI

02857

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

Director Name

JOHN D. DELL'ORO

Street Address

\*\* SEE ABOVE \*\*

City

Director Name

Street Address

City

Zip

MICHAEL P. MURZYCKI

SCITUATE

Street Address \*\* SEE ABOVE \*\*

City

State

Zip

Director Name

Director Name

Street Address

City

Zip

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

AUTHORIZED SHARES

1,000 NO PAR VALUE

Number of Shares

State

Par Value

ZIP

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

Number of Shares

Par Value

200

COMMON

Class/Series

NO PAR VALUE

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



2.28-03

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.

Date

JOHN D. DELL'ORO, PRESIDENT Print or Type Name of Officer

Title of Officer S 1

Form 630 12/02

Edward's in retail Secondly of 50 Corporations Divisi 100 North Main Street. Providence, RI 02903-13.

PROFIT CORPORATION ANNHAL りんひう

Filing Period: Jan	ary 1-March 1 • Filing Fee: \$50.00	<u> </u>
(FORM MUST BE TYPED I		
1. Corporate ID No.	2. Name of Corporation	
\$019ÿ	Advance Electrical Corp.	

3. Street A	ddress Princi	nal Business Office	
846	BRONCO	HIGHWAY	
4. Rusines	s Phone No.		

MAPLEVILLE

State RI

Zip 02839

5. State of Incorporation

6. SIC Code

568-1555

**RHODE ISLAND** 

273

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

RESIDENTIAL, COMMERCIAL AND INDUSTRIAL ELECTRICAL: SYSTEMS

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

JOHN D. DELL'ORO Street Address

Vice President Name MICHAEL P. MURZYCKI

Street Address

40 BYRON RANDALL ROAD

172 BLACKSTONE STREET

State RT

SCITUATE Secretary Name

City

Treasurer Name

MA

02019

MICHAEL P. MURZYCKI Street Address

172 BLACKSTONE STREET

JOHN DELL'ORO

BELLINGHAM

Street Address

40 BYRON RANDALL ROAD

State MA

City

State

BELLINGHAM

02019

210

Zip

SCITUATE

RI

02857

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

JOHN D. DELL'ORO

\*\*\*\* SEE ABOVE, \*\*\*\*

Street Address

MICHAEL P. MURZYCKI

Street Address

. \*\*\*\* SEE ABOVE \*\*\*\*

City

Z.1p

Director Name

Street Address

City

City

Director Name

Street Address

State

State

Zip

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

AUTHORIZED SHARES

Number of Shares

1,000 NO PAR VALUE

Class/Series

Par Value

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

ISSUED SHARES

Number of Shares

Cluss/Series

Por Value

200

COMMON

NO PAR VALUE

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



22.02

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Officer

Title of Officer **-€**⊋> 5

Six ature of Officer

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.

JOHN D. DELL'ORO, PRESIDENT

Form 630 12/01

. - Corporations Divi: 100 North Mai i Sircet, Providence, RI 02903-1 401-222-3

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

City

2. Name of Corporation Advance Electrical Corp.

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 90193

3. Street Address Principal Business Office

			City	State	Zip
846 BRONCO	) HIGHWAY		MAPLEVILLE	RI	·
4. Business Phone No.		5. State of Incorporation		V.T	02839 6. SIG GUA
568-1555		RHODE ÍSLÁI	ND .		6. SIG 43
7. Brief Description of the Chard					• •
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OF HAMES WIND ADDR	ESSES OF THE OFF	ICERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES BEI	FORE USING ATTA	ACHMENTS
·			Vice President Name		
JOHN D. DE	LL'ORO		MICHAEL P. N	MURZYCKT	
			Street Address		•
40 BYRON R	ANDALL ROAD		172 BLACKSTO	NE STREET	
•	State	Zip	Clly	State	Zip
SCITUATE Secretary Name	RI	02857	BELLINGHAM	MA	02019
•	Mingrove		Treasurer Name		0-029
MICHAEL P.	MURZYCKI		JOHN DELL'OR	10	
	MONE OFFI		Street Address		
TIZ BUACKS	TONE STREET		40 BYRON RAN	DALL ROAD	
BELLINGHAM		Zip	City	State	Zip
		02019	SCITUATE	RI	02857
Director Name	COSES OF THE DIK	ECTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES B	EFORE USING AT	TACHMENTS
JOHN D. DE	T.T. <sup>1</sup> OPO		Director Name		
treet Address	DI ONO		MICHAEL P. M	URZYCKI	
** SAME AS	AROVE **		Street Address		
Suy .	State	Zip	: ** SAME AS A		
		<b>-</b>	City	State	Zip
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			200	COMMON	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee 1 16008 (81) 88101 11830 10100 tim tool

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File Date:	2/22
Check No.:	8228
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, and that all statements contained herein are true and correct.

tu Duich		
Signature of Officer	Date	_
JOHN D. DELL'ORO,	PRESIDENT	
Print or Type Name of Officer		

James R. Lengevin, Societary of S. Corporations Divisi

100 North Main Street, Providence, RI 02903-1.

## 401-222-3

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filling Period: January 1-March 1 • Filling Fee: \$59.00

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PLEASE REAL ISSURECTION
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(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

90193

Advance Electrical Corp.

3. Street Address Principal Business Office 846 BRONCO HIGHWAY

MAPLEVILLE

State RI <sup>ZIP</sup> 02839

4. Business Phone No. 568-1555

5. State of Incorporation

6. SIC Code

RHODE ISLAND

273

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

RESIDENTIAL, COMMERCIAL AND INDUSTRIAL ELECTRICAL SYSTEMS

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

President Name

JOHN D. DELL'ORO

Street Address

Secretary Name

Street Address

SCITUATE

40 BYRON RANDALL ROAD

MICHAEL P. MURZYCKI

172 BLACKSTONE STREET

City

State

RΙ

Zip

02857

**BELLINGHAM** 

Street Address

State MA Zip 02019

Treasurer Name

Vice President Name

JOHN DEEDELL ORO

Street Address

40 BYRON RANDALL ROAD

MICHAEL P. MURZYCKI

172 BLACKSTONE STREET

City

Zip

BELLINGHAM

MA

State

02019

Zip

SCITUATE

RI

02857

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

JOHN D. DELL'ORO

Street Address

SEE ABOVE

City

State

Zip

MICHAEL P. MURZYCKI Street Address

SEE ABOVE

State

Zip

Director Name **Director Name** 

Street Address

City

State

City

State

Z.ip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

ISSUED SHARES

Street Address

Number of Shares

Class/Series

Par Value

1,000 SHS NO PAR VALUE

200

COMMON

NO PAR VALUI

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



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.

re of Officer

Jehn D. Dell'Oro, PRESIDENT

Print or Type Name of Officer

Title of Officer

James R. Langevin, Secretary of St.
Corporations Divisi
100 North Main Street, Provide: 14, R1 02903-13
491-222-55

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

STOP PIEASI RE VI ENSTRUCTION

riting Perioa: January	I-March I •	Filing Fect \$50.00			ENSTRUCTION
(FORM MUST BE TYPED IN BLA					
1. Corporate ID No. 90193	2. Name of Corpora  Advance E	ilon lectrical Corp.		- <del></del>	
3. Street Address Principal Business	Office		City	State	Zip -
846 Bronco Hj 4. Business Phone No.	ighway	5. State of Incorporation	Mapleville	RI	02839
568-1555  7. Brief Description of the Characte	r of Business Conducted :	RHODE ISLAND In Rhode Island			<b>273</b>
Residential, 8. NAMES AND ADDRES President Name	commercial	and industrial ICERS (*X* BOX FOR ATTACHN	electrical  MENT) FILLIN SPAC  Vice President Name	SYSTEMS. ES BEFORE USING ATTACK	HMENTS
John D. Dell'	Oro		. Michael	P. Murzycki	
40 Byryn Rendal	I Road	Zip	172 Blac	kstone St.	Zip
Scituate Secretary Name	RI	02857	Bellingham	MA	02019
Michael P. Mu	ırzycki		John Dell'	Oro .	
172_Blackstor	ne St.	Zip .	40 Byron Rar	dall Road	<del></del>
Bellingham 9. NAMES AND ADDRES Director Name	MA	02019 ECTORS (* <u>x</u> * BOX FOR ATTAC	Scituate	RT	02857   02857
John D. Dell' Street Address	Oro		Michael Street Address	P. Murzycki	
** See above	**	_	. ** See ab	ove **	
City	State	Zip	City	State	Zip
Director Name	• •••	· · · · · · · · · · · · · · · · · · ·	Director Name		
Street Address			Street Address		
- City	State	Zip	City	1 State	- ,
10. SHARES AUTHORIZE	D (*X* BOX FOR ATT	ACHMENT) (	11. SHARES ISSUEI	O (*X* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR \	VALUE		200	Common	No par valu
This report must be <b>sign</b>	<b>ed in ink</b> by eith	ner the President, Vice Pr	esident, Secretary, A	ssistant Secretary, Treasui	rer, Receiver or Truste !
11888	9 0 1 9 3		Under penalty of	perjury, I declare and affirm	that I have examined

Corp ations Divis

100 North Main Stiret, Provid. are RI C2903-1.

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

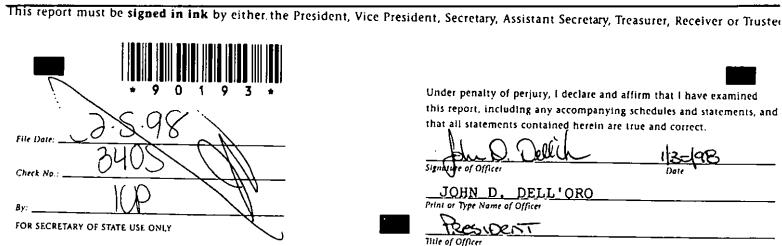
7. Brief Description of the Character of Business Conducted in Rhode Island RESIDENTIAL, COMMERCIAL AND INDUSTRIAL ELECTRICAL SYSTEMS  8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)  President Name  JOHN D. DELL'ORO  Street Address  136 DANIELSON PIKE  City  State  State  Zip  City  State  Zip  State  Zip  State  Zip	PLASERIA
3. Sizet Address Principal Business Office 8. 846 BRONCO HIGHWAY  4. Business Power No. 401-568-1555  3. State of Incorporation HHODE ISLAND  5. State of Incorporation HHODE ISLAND  7. Rivir Description of the Character of Business Conducted in Rhode Island RESIDENTIAL, COMMERCIAL AND INDUSTRIAL ELECTRICAL SYSTEMS  8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name JOHN D. DELL'ORO  Street Address  136 DANIELSON PIKE  City State Scituate RI  02857  BELLINGHAM MA  02  Street Address  172 BLACKSTONE ST  136 DANIELSON PIKE  MICHAEL P. MURZYCKI JOHN D. DELL'ORO  Street Address  172 BLACKSTONE ST  136 DANIELSON PIKE  121 DOHN D. DELL'ORO  Street Address  172 BLACKSTONE ST  136 DANIELSON PIKE  City State  219 BELLINGHAM MA  02019  SCITUATE RI  028  9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name  Director Name  Director Name  JOHN D. DELL'ORO  Street Address  Street Address  -SEE ABOVE—  City State  Zip City State Zip Director Name	EXSTRUCTION
846 BRONCO HIGHWAY  4. Business Phone No. 4. O288  4. Business Phone No. 4. O1-568-1555  S. State of Incorporation HHODE ISLAND  5. State of Incorporation HHODE ISLAND  5. State of Incorporation HHODE ISLAND  6. SIC 6. SIC 70  70  70  70  70  70  70  70  70  70	
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RESIDENTIAL, COMMERCIAL AND INDUSTRIAL ELECTRICAL SYSTEMS  8. NAMES AND ADDRESSES OF THE OFFICERS ('X' BOX FOR ATTACHMENT)  President Name JOHN D. DELL'ORO  Street Address  136 DANIELSON PIKE  City State RI  02857  BELLINGHAM MA  02  Secretary Name  MICHAEL P. MURZYCKI  JOHN D. DELL'ORO  Street Address  172 BLACKSTONE ST  Treasurer Name  MICHAEL P. MURZYCKI  JOHN D. DELL'ORO  Street Address  172 BLACKSTONE ST  City State City State City State City State City State City State Director Name  JOHN D. DELL'ORO  MICHAEL P. MURZYCKI  State State Street Address  -SEE ABOVE— City State  Director Name	
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SCITUATE RI 02857 BELLINGHAM MA 02  Secretary Name  MICHAEL P. MURZYCKI  Street Address  172 BLACKSTONE ST  City  State  Zip  O28  SCITUATE  RI  O28  PIKE  Zip  O28  PICECTOR Name  JOHN D. DELL'ORO  MICHAEL P. MURZYCKI  Street Address  —SEE ABOVE—  City  State  Zip  O28  Zip  City  State  Zip  O28  Zip  O28  Zip  O28  Zip  O28  Zip  O28  Zip  Director Name  JOHN D. DELL'ORO  MICHAEL P. MURZYCKI  Street Address  —SEE ABOVE—  City  State  Zip  Director Name  Director Name	
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MICHAEL P. MURZYCKI  Street Address  172 BLACKSTONE ST  City  State  Zip  BELLINGHAM  MA  02019  SCITUATE  RI  028  9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  Director Name  JOHN D. DELL'ORO  MICHAEL P. MURZYCKI  Street Address  -SEE ABOVE-  City  State  Zip  Director Name  Director Name  JOHN D. DELL'ORO  MICHAEL P. MURZYCKI  Street Address  -SEE ABOVE-  City  State  Director Name  Director Name	
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9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  Director Name  JOHN D. DELL! ORO  MICHAEL P. MURZYCKI  Street Address  -SEE ABOVE-  City  State  Zip  Director Name  Director Name	
JOHN D. DELL'ORO  Street Address  -SEE ABOVE-  City  State  Zip  Director Name  MICHAEL P. MURZYCKI  Street Address  -SEE ABOVE-  City  State  Zip  Director Name	)
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City State Zip City State Zip  Director Name  Street Address	
Director Name  Street Address	
Street Address Street Address	
City State Zip City State Zip	

Par Value

LSSUED SHARES

200

Number of Shares



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

1,000 SHS NO PAR VALUE

Class/Series

AUTHORIZED SHARES

Number of Shares

Under penalty of perjuty, 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

Class/Series

COMMON

Par Value

NO PAR VALI

<u>JOHN D.</u> DELL'ORO Print or Type Name of Officer

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

Title of Officer

James R. Lingevin Secretary of 8 100 North Muln Street, Providence, RI 02903-1 401-277-3

Cu-poroilors Divi

## PROFIT CORPORATION ANNUAL REPORT 1997

(FORM MIST BY TABLE IN AL		Filing Fee: \$50.00			INSTRUCTION BUTORI
(FORM MUST BE TYPED IN BL. 1. Carporate ID No.					COMPLETING THIS FORM
90193	2. Name of Corpor				
3. Street Address Principal Business	Advance E	lectrical Corp.			<del></del>
846 BRONCO H			City	State	Zip
4. Business Phone No.	TOHWAI		MAPLEVILLE	RI	02839
568-1555		5. State of Incorporation	_		6. SIC Code
7. Brief Description of the Characte	t of Rusiness Conducted	RHODE ISLAN	D		
RESIDENTIAL.	COMMERCIA	I. AND THOUGHDT	AL ELECTRICAL SY		
8. NAMES AND ADDRES	SES OF THE OFF	D WAD INDUSTRI	AL ELECTRICAL SY	STEMS	
President Name	SES OF THE OFF	ICERS ("X" BOX FOR ATTAC			
JOHN D. DELL	'ORO		Vice President Nume		
Street Address	51.0		MICHAEL P. M	IURZYCKI	
166 CANOE TRI	EE STREET		Street Address	ND 000000	
City	State	Zip	172 BLACKSTO		
MARSHFIELD	MA	02050	City BELLINGHAM	State	Zip
Secretary Name		02030	Treasurer Name	MA · · · ·	02019
MICHAEL P. MU	JRZYCKI		JOHN D. DELL	LORO	
Street Address			Street Address	ORO	
172 BLACKSTON	NE STREET		166 CANOE TR	er cmperm	
City	State	Zip	City		
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JOHN D. DELL'	ORO		MICHAEL P. M	TID7VCKT	
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-SEE ABOVE-			-SEE ABOVE-		
City	State	Zip	· City	State	21.
		•	,	211116	Zip
Director Name	•	•	Director Name	• •	
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City	State	Zip	City	State	Zip
					<b>y</b>
10. SHARES AUTHORIZEI	D AND ISSUED (*	X BOX FOR ATTACHMENT)	•		
AUTHORIZED SHARES	•	•	ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
1,000 SHS NO PAR V	ALUE		0.00		· ··· · · · · · · ·
HOUSE OND HOPAR V	ALUE		200	COMMON	NO PAR VALI
					•

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

	* 9 0 1 9 3 *
File Date:	3/3/97
Check No.:	1986
By:FOR SECRETARY OF	STATE LISE 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 Date

JOHN D. DELL'ORO

Print or Type Name of Officer

PRESIDENT

#### FAUTH VUNFURATION ANNUAL REPORT

1986



Filing Period: January 1-March 1

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75 W 37	Janies R. Uningevia, Secretary of State
Fin	danies R. Langeyla, Secretary of State Corporations Division
	100 North Main Street
6/92×	Providence, Rhode Island 02903-1335 • (401) 277-30
	-

Filing Fee: \$50.00				-	•
1. CORPORATE ID NO.	2. TIANE OF CORPORATION	PLEASE TYPE	OR PRINTIN GLACK INK.		·
60182		Electrical	Corn		
3. STRLET ADDRESS PRINCIPAL BUSINESS			div	STĂTĒ	ZIP COÓÉ
846 BRONCO H	IWY.		MAPLEVILLE	RI	02020
4 BUSINESS PHONE NO.		5. STATE OF INCORPORATION		· <u>v</u> i	02838 6. Sec coose
401-568- 155			ISLAND		0273
ELECTRICAL C	ONTACTING				
PRESIDENT NAME	8 . N A M	ES AND ADI	ORESSES OF THE O	FFICERS	
WILLIAM H. O	RAM		MICHAEL P.	MURZYCKI	
160 WILLIAMS	ST.		· 172 BLACKSTO	NE ST	
QIY	STATE	ZIP CODE	diy	STATE	ZIP COOE
WRENTHAM SECRETARY NAME	MA	102093	BELLINGHAM TREASURER NAME	MA	0.20.9.3
BARBARA J. O	RAM	<del></del>	WILLIAM H. O	RAM	<del></del>
160 WILLIAMS	ST.		160 WILLIAMS	ST	
OTY	STATE	ZIP COOE	any	STATE	200€
WRENTHAM	[ MA	02093	WRENTHAM ORESSES OF THE D	MA	02093
DRECTOR NAME	7		ORESSES OF THE D	IRECTORS	
WILLIAM H. O	RAM				
sīrēet adoress 160 WILLIAMS	ST		STREET ADDRESS		
DIY	STATE	ZIP COD€	GIY	STATE	ZIP COOE
WRENTHAM	MA	02093	<u> </u>		
BARBARA J. O	RAM		OFFECTOR HAME		•
STREET ADDRESS 160 WILLIAMS	ST	-	STREET ADDRESS		
air	STATE	ZiP COOE	1 an	STATE	ZIP C00E
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<del></del>	10. SHA	RES AUTHO	RIZED AND ISSUE	)	
HUMBER OF SHAPES	AUTHORIZED SHARES CLASS / SERES	PAR VALUE	MUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALLE
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800 SHS NO	PAR COM		200	COMMON	NO_PAR
			1		
				<u> </u>	<u></u>
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	This re	eport must be S	SIGNED IN INK by either t	he	
Pre	sident, Vice President	, Secretary, Ass	sistant Secretary, Treasure	r, Receiver or Trus	tee
			Under penalty	of perjury, I declare an	d affirm that I have examined th
			report, including	g any accompanying scontained herein are tru	chedules and statements, and th
1			( , , ),	al ()	
File Date: 2/28	196		Signature of Off		<del></del>

Check No:

Ву:

For Secretary of State Use Only



WILLIAM H. ORAM

Print or Type Name of Officer

PRESIDENT

Title of Officer **DETACH BOTTOM BEFORE RETURNING** 

FORM 31 12/95