



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00 • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 64027		2. Name of Corporation Ferreira Electric, Inc.	
3. Street Address Principal Business Office 321 South Main Street - Suite 301		City Providence	State RI
4. Business Phone No. 401-274-0300		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island Electrical contracting			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Michael Ferreira		Vice President Name Michael Ferreira	
Street Address 86 Washington Street		Street Address 86 Washington Street	
City Bristol	State RI	Zip 02809	City Bristol
Secretary Name Michael Ferreira		Treasurer Name Michael Ferreira	
Street Address 86 Washington Street		Street Address 86 Washington Street	
City Bristol	State RI	Zip 02809	City Bristol
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Michael Ferreira		Director Name	
Street Address 86 Washington Street		Street Address	
City Bristol	State RI	Zip 02809	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. SHARES AUTHORIZED			
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		Number of Shares 8,000	Class/Series Common
		Par Value No Par	

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No. _____

By: _____ BY 1882

FOR SECRETARY OF STATE USE ONLY

FILED
MAR 02 2015

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: Michael Ferreira Date: 2/17/15
Print or Type Name: Michael Ferreira
Title: President