

FOR SECRETARY OF STATE USE ONLY

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

Form 630 Rev. 08/08

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(ccdd)) is

subject to a penalty fee of \$25.00.					
1. Corporate ID No. 64027	2. Name of Corporation Ferreira Electric,				174
3. Street Address Principal Business Office 321 South Main Street - Suite 301			Providence	RI	02903
4. Business Phone No. 401-274-0300 5. State of Incorporation Rhode Island					eta.
6. Brief Description of the Character of Electrical contracting					
7. NAMES AND ADDRESSES	OF THE OFFICERS	("X" BOX FOR ATTA	CHMENT) 🔲 FILL IN SPACE	S BEFORE USING	ATTACHMENTS
President Name			Vice President Name	·	
Michael Ferreira			Michael Ferreira		
Street Address 86 Washington Street			Street Address 86 Washington Street		
City	State	Zip	Clty	State	Zip
Bristol	RI	02809	Bristol	RI	1 02809
Secretary Name			Treasurer Name		
Michael Ferreir	a		Michael Ferreira		
Street Address			Street Address		
86 Washington Street			86 Washington Street		
City	State	Zip	: City	State	Zip
Bristol	RI	02809	Bristol	RI	02809
NAMES AND ADDRESSES	OF THE DIRECTOR	AS: ("X" BOX FOR ATT	FACHMENT) TILL IN SPA	CES BEFORE USIN	G ATTACHMENTS
Director Name	>		Director Name		
Michael Ferreir	·a				
Street Address			Street Address		
86 Washington S	troot				
ob washington s	Tstate	Zip	City	State	Zip
•	1	1 *	* ** * *		
Bristol RI 0.28.09			Director Name		
preciot Name					
Charles Address			Street Address	<u> </u>	
Street Address					
City	State	Zip	City	State	Zip
week.			·		
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X"		
			Number of Shares	Class/Series	Par Value
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.			<u>"</u>		No Par
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			李维. 公益等的		
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This report must be executed	on behalf of the co	rporation by an authorize	ed representative. If the corpor	ration is in the hand	is of a receiver or trusted
this report must be executed	on behalf of the cor	poration by the receiver	or trustee.		
			Under penalty of perjury	y, I declare and affirm	that I have examined this r
			including any accompar	rying schedules and st	tatements, and that all state
			contained herein are tru		
Principal Control of the Control of			Minkroll Telles 2/17/1		
File Date		MAR 0 2 2015	Signature	V VC/V	Date /
Charle Mar	No.	2 2013	•	ina	
Check No.	BY	1100	Michael Ferre	eira	
	DY.	1108~2	Print or Type Name		

President

Title