AMENDED

RECEIVED
2016 MAY -6 PM 3:
SECRETARY OF STATE
CORPORATIONS DIV.

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1
Filing Fee: $50.00 ***FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation			
789756	M & M Electric, Inc.			
3. Principal Office Address		City	State	Zip
90 Bismark st		Providence	R.I	02904
4. Business Phone Number		5. State of Incorporation		
(401) 996-0429				

6. Brief description of the character of business conducted in Rhode Island
Electric Contractor

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Melvyn A. Rodriguez	90 Bismark St	Providence	R.I	02904

Vice-President Name	Street Address	City	State	Zip
Moises E. Chevalier	26 South Long St	Johnston	R.I	02919

Secretary Name	Street Address	City	State	Zip

Treasurer Name	Street Address	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State. Changes require an additional filing.

10. Shares Issued — Check box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
0		0.01

11. 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.

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.

Name of Authorized Representative	Date
Melvyn A. Rodriguez	5-6-16

Signature of Authorized Representative

SIGN DOCUMENT HERE Melvyn A. Rodriguez

FILED
3:30pm
MAY 06 2016
By ICM

STAMP

Form No. 630
Revised: 2016