



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

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2016 JUL 19 AM 9:21
 SECRETARY OF STATE
 CORPORATIONS DIVISION

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 <u>108216</u>		2. Exact name of the Corporation <u>FALCON ELECTRIC, INC.</u>		
3. Principal Office Address <u>125 S. SLOW ST.</u>		City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02866</u>
4. Business Phone Number <u>401 722-2040</u>		5. State of Incorporation		
6. Brief description of the character of business conducted in Rhode Island <u>ELECTRIC - HVAC</u>				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name <u>MANUEL SOARES</u>		Vice-President Name		
Street Address <u>8 STEEPLE LN</u>		Street Address		
City <u>LINCOLN</u>	State <u>RI</u>	Zip <u>02865</u>	City	State Zip
Secretary Name <u>FRANCELINEA SOARES</u>		Treasurer Name		
Street Address <u>8 STEEPLE LN</u>		Street Address		
City <u>LINCOLN</u>	State <u>RI</u>	Zip <u>02865</u>	City	State Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	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 <input type="checkbox"/>		
		NUMBER OF SHARES <u>100</u>	CLASS/SERIES	PAR VALUE <u>6</u>
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 <u>Manuel A. Soares</u>			Date <u>7-19-16</u>	
Signature of Authorized Representative <u>MANUEL A SOARES</u> SIGN DOCUMENT HERE				

FILED

JUL 19 2016

STAMP

BY 279351