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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

| Annual | Report | for | the | year: | 2017 |
|---------------|--------|-----|-----|-------|------|
| Corpora | ation | | | | |

→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

| Entity ID Number | 2. Exact name | 2. Exact name of the Corporation | | | | | | |
|---|--|--|--|---|---------------|---------------------------------|--|--|
| 61778 | AIRHART ELE | AIRHART ELECTRIC, INC. | | | | | | |
| 3. Principal Office Address | _ | | City | | State | Zip | | |
| 585 READ SCHOOL HOUSE ROAD | | COVENTR | /ENTRY | | 02816 | | | |
| 4. NAICS Code | de 6. Brief description of the charact | | | conducted in Rhode Is | L. sland | | | |
| 81 - Other Services (except | INSTALLATIO | N, REPAIR AND | MAINTENANC | E OF ELECTRICAL L | INES, APPI | LIANCES, ETC., SALES | | |
| 5. State of Incorporation | OF ELECTRIC | CAL SUPPLIES. | | · | | | | |
| RHODE ISLAND | ļ | | | | | | | |
| 7. List ALL officers (names and | addresses) | | | Check | the box to i | ndicate an attachment | | |
| President Name MICHAEL D. AIRHART | | | Vice-President Name MICHAEL D. AIRHART | | | | | |
| Street Address 585 READ SCHOOL HOUSE ROAD | | | Street Address 585 REAL SCHOOL HOUSE ROAD | | | | | |
| City COVENTRY | State RI | Zip 02816 | City COVENTRY | | State RI | ^{Zip} 02816 | | |
| Secretary Name MICHAEL D. AIRHART | | | Treasurer Name MICHAEL D. AIRHART | | | | | |
| | 585 READ SCHOOL HOUSE ROAD | | Street Addres | Street Address 585 READ SCHOOL HOUSE ROAD | | | | |
| COVENTRY | State RI | ^{Zip} 02816 | City COVEN | ITRY | State RI | ^{Zip} 02816 | | |
| 8. List ALL directors (names an | d addresses) | ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· | | | the box to i | ndicate an attachment 🔲 | | |
| Director Name MICHAEL D. AIRHART | | Director Nam | Director Name | | | | | |
| Street Address 585 READ SCHOOL HOUSE ROAD | | Street Addres | Street Address | | | | | |
| COVENTRY | State RI | Zip 02816 | City | | State | Zip | | |
| Director Name | | | Director Name | Director Name | | | | |
| Street Address | | | Street Address | | | | | |
| City | State | Zip | City | | State | Zip | | |
| 9. Shares Authorized | | 10 Charas las | | Ob - also | | | | |
| This information is currently of re | scord in the | 10. Shares Iss NUMBER O | | CLASS/SERIES | | ndicate an attachment PAR VALUE | | |
| Department of State. | | 1000 | | соммон | | NO PAR | | |
| Changes require an additional fil | ing. | | | | | | | |
| 11. This report must be execute | d on behalf of the co | rporation by an | authorized repre | sentative. If the corpor | ation is in t | hè hands of a receiver or | | |
| rustee, this report must be exe Under penalty of perjury, I de | <u>cuted on behalf of th</u> | e corporation by | the receiver or to | rustee- | | . 1 | | |
| statements, and that all state | ments contained he | erein are true an | ed ims report, i id <u>corr</u> ect. | cu FN | panying so | cnedules and | | |
| Name of Authorized Representa | ative 7.1 | 5 | | LIPPA | Date | | | |
| MICHAEL D. AIRHÀRT | 11 laty | / | una una t | FEB 0 3 2017 | . A. | 7 | | |
| Signature of Authorized Repres | entative | alau baa | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| | | SIGN DOC | UMENT HE | KE I C | <u> </u> | | | |
| | | | | | T | | | |

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016