State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation		
61778	AIRHART ELECTRIC, INC.		
3. Principal Office Address	**City**	**State**	**Zip**
585 READ SCHOOL HOUSE ROAD	COVENTRY	RI	02816
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
81 - Other Services (except Public Administration)	INSTALLATION, REPAIR AND MAINTENANCE OF ELECTRICAL LINES, APPLIANCES, ETC., SALES OF ELECTRICAL SUPPLIES.		
5. State of Incorporation			
RHODE ISLAND			

7. List ALL officers (names and addresses) — Check the box to indicate 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		
Street Address: 585 READ SCHOOL HOUSE ROAD			Street Address: 585 READ SCHOOL HOUSE ROAD		
City: COVENTRY	State: RI	Zip: 02816	City: COVENTRY	State: RI	Zip: 02816

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

Director Name: MICHAEL D. AIRHART			Director Name		
Street Address: 585 READ SCHOOL HOUSE ROAD			Street Address		
City: COVENTRY	State: RI	Zip: 02816	City	State	Zip
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 the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	COMMON	NO PAR

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.

FILED
FEB 03 2017

Name of Authorized Representative: MICHAEL D. AIRHART

Date:

Signature of Authorized Representative

SIGN DOCUMENT HERE

BY

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