



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 566		2. Exact name of the Corporation Aladdin Electric Co., Inc.			
3. Principal Office Address 155 South Main Street, Suite 300		City Providence		State RI	Zip 02903
4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island Electrical contractors				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Henry H. Kandzerski, Jr.			Vice-President Name		
Street Address 79 Gibson Hill Road			Street Address		
City Sterling	State CT	Zip 06377	City	State	Zip
Secretary Name Henry H. Kandzerski, Jr.			Treasurer Name Henry H. Kandzerski, Jr.		
Street Address 79 Gibson Hill Road			Street Address 79 Gibson Hill Road		
City Steling	State CT	Zip 06377	City Sterling	State CT	Zip 06377
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Henry H. Kandzerski, Jr.			Director Name		
Street Address 79 Gibson Hill Road			Street Address		
City Sterling	State CT	Zip 06377	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		400	Common	No Par Value	
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 Henry H. Kandzerski, Jr.				Date 1-31-2017	
Signature of Authorized Representative <i>Henry H. Kandzerski, Jr.</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
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