



State of Rhode Island
 Department of State
 Providence Plantations
 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 821342		2. Exact name of the Corporation Robert's Electric, Inc.			
3. Principal Office Address 141 Power road, Suite 108			City Pawtucket	State RI	Zip 02860
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island ELECTRICAL CONTRACTING			
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 Robert J. Petit			Vice-President Name Vacant		
Street Address 14 Whipple Street			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Mark Petit			Treasurer Name Mark Petit		
Street Address 141 Power Road, Suite 108			Street Address 141 Power Road, Suite 108		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert J. Petit			Director Name		
Street Address 14 Whipple Street			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			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		PAR VALUE
			100	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.					
Name of Authorized Representative ROBERT J. PETIT				Date 1/30/2017	
Signature of Authorized Representative <i>Robert J. Petit</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

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