A STATE OF THE PARTY OF THE PAR
Car a State Com.

State of Rhode Island

idence Plantations

Department of S

3usiness Services Division

Annual Report for the year: 2017

Corporation

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

1. Entity ID Number 821342	Exact name of the Corporation Robert's Electric, Inc.						
3. Principal Office Address	Robert's El						
141 Power road, Suite 108			City Pawtucket		State RI	Zip 02860	
					<u> </u>		
4. NAICS Code	1	•		onducted in Rhodi	e Island		
23 - Construction	ELECTRIC	AL CONTRACTING	G				
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names ar	nd addresses)			Che	ck the box to	indicate an attachment	
President Name Robert J. Petit			Vice-President Name Vacant				
Street Address 14 Whipple St	Street Address						
City Pawtucket	State RI	^{Zip} 02860	City	_		Zip	
Secretary Name Mark Petit			Treasurer Nam	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 a	and addresses)	, , , , , , , , , , , , , , , , , , ,		Chec	ck the box to	indicate an attachment	
Director Name Robert J. Petit	<u></u>		Director Name				
Street Address 14 Whipple Street			Street Address				
Pawtucket	State RI	^{Zip} 02860	City		State	Zip	
Director Name			Director Name				
Street Address	· · · · · · · · · · · · · · · · · · ·		Street Address				
City	State	Zip	City		State	Zip	
3. Shares Authorized	<u> </u>	10. Shares Iss	Lsued	Chec	k the box to	indicate an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES			CLASS/SERIES PAR VALUE		
		100		COMMON		NO PAR	
						<u> </u>	
1. This report must be execu	ted on behalf of the	corporation by an	authorized repres	entative. If the cor	poration is in	the hands of a receiver or	
rustee, this report must be ex	ecuted on behalf of	the corporation by	the receiver or tru	ıstee.			
Inder penalty of perjury, I detailed				cluding any acco	ompanying s	schedules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date	Date	
ROBERT J. PETIT					1/30/2017		
Signature of Authorized Repre	esentative						
1) / 4	101 12-	1-1	CHr	'n			

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ni.gov FEB 2 1 2017

FORM 630 - Revised: 10/2016