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
6619	MAJOR ELECTRIC & SUPPLY, INC.

3. Principal Office Address	City	State	Zip
123 HIGH STREET	PAWTUCKET	RI	02860

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
44-45 - Retail Trade	ELECTRICAL EQUIPMENT AND SALES
5. State of Incorporation: RHODE ISLAND	

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

President Name: ALAN J. LEVEN			Vice-President Name: MYRNA R. LEVEN		
Street Address: 41 GALEN COURT			Street Address: 3221 BURGUNDY DRIVE NORTH		
City: SEEKONK	State: MA	Zip: 02771	City: PALM BEACH GARDENS	State: FL	Zip: 33410
Secretary Name: ALAN J. LEVEN			Treasurer Name: DAVID E. LEVEN		
Street Address: 41 GALEN COURT			Street Address: 3221 BURGUNDY DRIVE NORTH		
City: SEEKONK	State: MA	Zip: 02771	City: PALM BEACH GARDENS	State: FL	Zip: 33410

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

Director Name: DAVID E. LEVEN			Director Name: ALAN J. LEVEN		
Street Address: 3221 BURGUNDY DRIVE NORTH			Street Address: 41 GALEN COURT		
City: PALM BEACH GARDENS	State: FL	Zip: 33410	City: SEEKONK	State: MA	Zip: 02771
Director Name: MYRNA R. LEVEN			Director Name: ALAN J. LEVEN		
Street Address: 3221 BURGUNDY DRIVE NORTH			Street Address: 41 GALEN COURT		
City: PALM BEACH GARDENS	State: FL	Zip: 33410	City: SEEKONK	State: MA	Zip: 02771

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
5,000	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	Date
ALAN J. LEVEN	2-3-17

Signature of Authorized Representative

FILED
FEB 23 2017
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