



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 1657477		2. Exact name of the Corporation FERNANDO PEREIRA ELECTRIC INC			
3. Principal Office Address 10 QUAKER LANE			City SWANSEA	State MA	Zip 02777
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island ELECTRICAL CONTRACTOR			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name FERNANDO PEREIRA			Vice-President Name		
Street Address 10 QUAKER LANE			Street Address		
City SWANSEA	State MA	Zip 02777	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name FERNANDO PEREIRA			Director Name		
Street Address 10 QUAKER LANE			Street Address		
City SWANSEA	State MA	Zip 02777	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 <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200,000		CNP	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 FERNANDO PEREIRA				Date 2/23/17	
Signature of Authorized Representative <i>Fernando Pereira</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
FEB 27 2017

BY

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