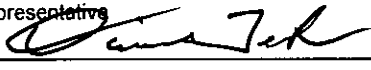


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 000007793		2. Exact name of the Corporation MARSHALL ELECTRIC CO. INC.			
3. Principal Office Address 200 BROAD STREET			City PROVIDENCE	State RI	Zip 02903
4. Business Phone Number 401-331-1166			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island ELECTRICAL APPLIAN					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name DAVID TESTA			Vice-President Name DEREK TESTA		
Street Address 85 ROSEMARY RD			Street Address 41 PERVERIL RD		
City NO ATTLEBORO	State MA	Zip 02760	City CRANSTON	State RI	Zip 02921
Secretary Name MARY LOUISE SOARES			Treasurer Name MARY LOUISE SOARES		
Street Address 396 PROSPECT ST			Street Address 396 PROSPECT STREET		
City SOMERSET	State MA	Zip 02726	City SOMERSET	State MA	Zip 02726
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name MARY LOUISE SOARES			Director Name DEREK TESTA STMT 1		
Street Address 396 PROSPECT STREET			Street Address 41 PEVERIL RD		
City SOMERSET	State MA	Zip 02726	City CRANSTON	State RI	Zip 02921
9. Shares Authorized		10. Shares Issued Check 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	
		175		COMMON	
		PAR VALUE		1	
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 2/27/17	
Signature of Authorized Representative DAVID TESTA					

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
MAR 02 2017
BY 37362 DS FORM 630 - Revised: 05/2016

475 Marshall Electric Co. Inc.
05-0270703
FYE: 12/31/2016

Rhode Island Statements

2/20/2017 2:49 PM

Statement 1 - Form RI 630, Line 8 - Names and Addresses of Directors

<u>Pos</u>	<u>First Name</u>	<u>Last Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
D	David	Testa	85 Rosemary Rd	No Attleboro	MA	02760

FILED

MAR 02 2017

BY

37362 DS
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