



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

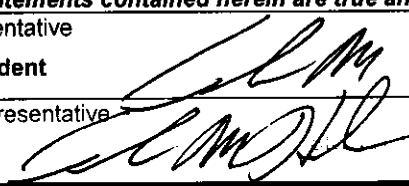
Annual Report for the year: 2017

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 16469		2. Exact name of the Corporation Henderson Electric, Inc.		
3. Principal Office Address 92 Pleasant Street		City Pawtucket	State RI	Zip 02860
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island Render electrical & related services			
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 Thomas Henderson		Vice-President Name Michael Szczepanek		
Street Address 26 Woodbine Lane		Street Address 19 Ridge Road		
City Exeter	State RI	Zip 02822	City South Carver	State MA
Secretary Name Thomas Henderson		Treasurer Name Thomas Henderson		
Street Address 26 Woodbine Lane		Street Address 26 Woodbine Lane		
City Exeter	State RI	Zip 02822	City Exeter	State RI
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name Thomas Henderson		Director Name		
Street Address 26 Woodbine Lane		Street Address		
City Exeter	State RI	Zip 02822	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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		
		CLASS/SERIES		
		PAR VALUE		
		None		
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 Thomas Henderson, President				Date 2-21-17
Signature of Authorized Representative 				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAR 03 2017

BY



FORM 630 - Revised: 02/2017