



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 <u>841630</u>		2. Exact name of the Corporation <u>Jedi Enterprises Electrical Services Inc</u>	
3. Principal Office Address <u>57-A Sweet Fern Lane P</u>		City <u>Peacedale</u>	State <u>RI</u>
Zip <u>02883</u>			
4. NAICS Code <u>23</u>	6. Brief description of the character of business conducted in Rhode Island <u>Residential + Commercial Electrical/</u> <u>Contracting</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Eric F Scherr</u>		Vice-President Name <u>None</u>	
Street Address <u>255 Rodman St</u>		Street Address	
City <u>Peacedale</u>	State <u>RI</u>	Zip <u>02883</u>	
Secretary Name <u>None</u>		Treasurer Name <u>None</u>	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>None</u>		Director Name <u>None</u>	
Street Address		Street Address	
City	State	Zip	
Director Name <u>None</u>		Director Name <u>None</u>	
Street Address		Street Address	
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 <u>None</u>	CLASS/SERIES <u>D</u>
			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 <u>Eric F Scherr</u>		Date <u>3/8/17</u>	
Signature of Authorized Representative <u>E F Scherr</u>			

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

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