



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 35239		2. Exact name of the Corporation NOLIN ELECTRIC, INC.			
3. Principal Office Address 62A DANIELSON PIKE			City NORTH SCITUATE	State RI	Zip 02857
4. NAICS Code 22 - Utilities	6. Brief description of the character of business conducted in Rhode Island ELECTRICAL CONTRACTING				
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 JACQUELINE M. NOLIN			Vice-President Name JEFFREY J. NOLIN		
Street Address 53 BATTEY MEETING HOUSE ROAD			Street Address 276 CURTIS CORNER ROAD		
City NORTH SCITUATE	State RI	Zip 02857	City WAKEFIELD	State RI	Zip 02879
Secretary Name JACQUELINE M. NOLIN			Treasurer Name JACQUELINE M. NOLIN		
Street Address 53 BATTEY MEETING HOUSE ROAD			Street Address 53 BATTEY MEETING HOUSE ROAD		
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JACQUELINE M. NOLIN			Director Name JEFFREY J. NOLIN		
Street Address 53 BATTEY MEETING HOUSE ROAD			Street Address 276 CURTIS CORNER ROAD		
City NORTH SCITUATE	State RI	Zip 02857	City WAKEFIELD	State RI	Zip 02879
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE 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 JACQUELINE M. NOLIN				Date 3/9/17	
Signature of Authorized Representative <i>Jacqueline M. Nolin</i>					

SIGN DOCUMENT HERE

FILED

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