



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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2017 SEP 15 PM 2:48  
02861

1. Entity ID Number <b>000796002</b>		2. Exact name of the Corporation <b>ELECTRICIANS R US RI INC</b>	
3. Principal Office Address <b>297 COLUMBUS AVE</b>		City <b>Pawtucket</b>	State <b>RI</b>
4. NAICS Code <b>238210</b>	6. Brief description of the character of business conducted in Rhode Island <b>Electrical contractor Residential &amp; commercial</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>David P. Rodrigues</b>		Vice-President Name	
Street Address <b>297 Columbus Ave</b>		Street Address	
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	
Secretary Name <b>Nikole Cameron</b>		Treasurer Name	
Street Address <b>297 Columbus Ave</b>		Street Address	
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		<b>1500</b>	<b>1500</b>
			<b>250,020</b>
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. <b>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.</b>			
Name of Authorized Representative <b>David P. Rodrigues</b>		Date <b>9-15-17</b>	
Signature of Authorized Representative <b>David P. Rodrigues</b>			

FILED

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

SEP 15 2017  
BY **312592**  
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FORM 630 - Revised: 08/2017