



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
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 000158561		2. Exact name of the Corporation Alpha Electrical Contractors, Inc.												
3. Principal Office Address 300 Wampanoag Trail			City East Providence	State RI	Zip 02915									
4. NAICS Code 238190		6. Brief description of the character of business conducted in Rhode Island ELECTRICAL CONTRACTOR												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>														
President Name Philip Freshman			Vice-President Name Alfred Folco											
Street Address 300 Wampanoag Trail			Street Address 300 Wampanoag Trail											
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915									
Secretary Name Philip Freshman			Treasurer Name Philip Freshman											
Street Address 300 Wampanoag Trail			Street Address 300 Wampanoag Trail											
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Philip Freshman			Director Name											
Street Address 300 Wampanoag Trail			Street Address											
City East Providence	State RI	Zip 02915	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>CNP</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	CNP	No Par			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
1,000	CNP	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 Philip Freshman, President				Date 12.18.2017										
Signature of Authorized Representative <i>[Signature]</i> SIGN DOCUMENT HERE														

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

JAN 02 2018

BY 7220

ATTACHMENT TO 2018 ANNUAL REPORT
Additional Officers

Entity No. 158561

Alpha Electrical Contractors, Inc.

Vice-President of Operations Name Louis Folco

Street Address 300 Wampanoag Trail
--

City East Providence	State RI	Zip 02915
--------------------------------	--------------------	---------------------