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	2. Exact name of the Corporation
000158561	Alpha Electrical Contractors, Inc.

3. Principal Office Address	City	State	Zip
300 Wampanoag Trail	East Providence	RI	02915

4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238190	ELECTRICAL CONTRACTOR
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☑

President Name	Philip Freshman
Street Address	300 Wampanoag Trail
City / State / Zip	East Providence / RI / 02915

Vice-President Name	Alfred Folco
Street Address	300 Wampanoag Trail
City / State / Zip	East Providence / RI / 02915

Secretary Name	Philip Freshman
Street Address	300 Wampanoag Trail
City / State / Zip	East Providence / RI / 02915

Treasurer Name	Philip Freshman
Street Address	300 Wampanoag Trail
City / State / Zip	East Providence / RI / 02915

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Philip Freshman
Street Address	300 Wampanoag Trail
City / State / Zip	East Providence / RI / 02915

Director Name	
Street Address	
City / State / Zip	

Director Name	
Street Address	
City / State / Zip	

Director Name	
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 ☐

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	Date
Philip Freshman, President	12.18.2017

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
JAN 02 2018
BY 7220

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

FORM 630 - Revised: 10/2016

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	State	Zip
East Providence	**RI**	**02915**