



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.

STAMP

FOR  
FILING  
USE ONLY

|   |   |  |  |                              |  |
|---|---|--|--|------------------------------|--|
| 1. Entity ID Number<br><b>151011</b>  |   | 2. Exact name of the Corporation<br><b>JOHN D. PATRIE ELECTRIC, INC.</b> |  |                              |  |
| 3. Principal Office Address<br><b>1509 CHOPMIST HILL ROAD</b>   |   |  | City<br><b>NORTH SCITUATE</b>                                    | State<br><b>RI</b>           | Zip<br><b>02857</b>  |
| 4. NAICS Code<br><b>238990</b>  | 6. Brief description of the character of business conducted in Rhode Island<br><b>ELECTRICAL CONTRACTOR</b> |  |  |                              |  |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>  |   |  |  |                              |  |
| 7. List ALL officers (names and addresses)  |   |  |  |                              | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name<br><b>JOHN D. PATRIE, JR.</b>  |   |  | Vice-President Name  |                              |  |
| Street Address<br><b>1509 CHOPMIST HILL ROAD</b>  |   |  | Street Address   |                              |  |
| City<br><b>NORTH SCITUATE</b>   | State<br><b>RI</b>  | Zip<br><b>02857</b>  | City   | State                        | Zip  |
| Secretary Name  |   |  | Treasurer Name   |                              |  |
| Street Address  |   |  | Street Address   |                              |  |
| City  | State   | Zip  | City   | State                        | Zip  |
| 8. List ALL directors (names and addresses)   |   |  |  |                              | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name   |   |  | Director Name  |                              |  |
| Street Address  |   |  | Street Address   |                              |  |
| City  | State   | Zip  | City   | State                        | Zip  |
| Director Name   |   |  | Director Name  |                              |  |
| Street Address  |   |  | Street Address   |                              |  |
| City  | State   | Zip  | City   | State                        | Zip  |
| 9. Shares Authorized  |   |  | 10. Shares Issued  |                              |  |
| This information is currently of record in the Department of State.   |   |  | Check the box to indicate an attachment <input type="checkbox"/> |                              |  |
| Changes require an additional filing.   |   |  | NUMBER OF SHARES<br><b>1000</b>                                  | CLASS/SERIALS<br><b>NONE</b> | PAR VALUE<br><b>NO PAR VALUE</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. |   |  |  |                              |  |
| 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<br><b>JOHN D. PATRIE, JR., PRESIDENT</b>  |   |  |  |                              | Date<br><b>1/28/18</b>   |
| Signature of Authorized Representative<br><i>John D. Patrie, Jr.</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

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