



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.

 RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.
 2018 MAR - 1 PM 11:21

1. Entity ID Number 113831		2. Exact name of the Corporation Independent Electrical Corporation												
3. Principal Office Address 49 Grove Lane			City Pascoag	State RI	Zip 02859									
4. NAICS Code 238210	6. Brief description of the character of business conducted in Rhode Island Commercial, Residential & Industrial Electrical Installations													
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name John Actis, Jr.			Vice-President Name Sheri Actis											
Street Address 49 Grove Lane			Street Address 49 Grove Lane											
City Pascoag	State RI	Zip 02859	City Pacoag	State RI	Zip 02859									
Secretary Name John Actis, Jr.			Treasurer Name John Actis, Jr.											
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 John Actis, Jr.			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 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>500</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500	Common	No Par			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
500	Common	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 John Actis, Jr.					Date 2/21/18									
Signature of Authorized Representative 														

 FILED
 SIGN DOCUMENT HERE
 MAR 01 2018

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