/ TS 27 1	t of State - Busin		Division			SECR CCR	
Annual Report for Corporation	the year: 20	0/8				RECE RETAR RPORA	
<ul><li>→ Filing period: Janu</li><li>→ Filing Fee: \$50.00</li></ul>	)					TOX	
→ Penalty: Additional	\$25.00 fee if form is no	ot filed by April 1.				<u> </u>	
Entity ID Number		2. Exact name of the Corporation					
113831	independ	dent Electrica	al Corporatio	n		m	
<ol><li>Principal Office Address</li></ol>	City	City		Zip			
49 Grove Lane			Pascoag	Pascoag		02869	
4. NAICS Code	6. Brief desci	Brief description of the character of business conducted in Rhode Island					
238210	Commercia	ercial, Residential & Industrial Electrical Installations					
5. State of Incorporation		1					
RI							
7. List ALL officers (name	es and addresses)				he box to ind	icate an attachment	
President Name John Act	Vice-Presiden	Vice-President Name Sheri Actis					
Street Address 49 Grove L	Street Address 49 Grove Lane						
City Pascoag	State RI	Zıp 02859		City Pacoag		Zip 02859	
Secretary Name John Act	is, Jr.	Treasurer Nan	Treasurer Name John Actis, Jr.				
Street Address		-	Street Address				
City	State	Zip	City	City		Zip	
8. List ALL directors (nam	nes and addresses)				the box to ind	licate an attachment 🔲	
Director Name John Actis	Director Name	Director Name					
Street Address			Street Address				
City	State	Zıp	City	-	State	Zıp	
Director Name			Director Name				
Street Address	Street Address	Street Address					
City	State	Zip	City	· ·	State	Zip	
9. Shares Authorized		10. Shares Is	euad	Chack	he hay to ind	icate an attachment 🗆	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		Check the box to indicate an attachment  CLASS/SERIES PAR VALUE			
		500		Common		No Par	
11. This report must be ex					ration is in the	e hands of a receiver or	
trustee, this report must but Under penalty of perjury					nanvina sch	edules and	
statements, and that all	statements contained		•				
Name of Authorized Repr	resentative				Date	1/16	
John Actis, Jr.						-1/10	
Signature of Authorized R	Representative		FILEU				
MAN TO		<del></del>	MAR 0 1 2018	<u> </u>	•		
MAL TO: Division of Business Septic 148 W. River Street, Provider		515 KL	_ 3256	46			
Phone: (401) 222-3040		• •	1.				

Website: www.sos.n.gov

FORM 630 - Revised, 10/2017