



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

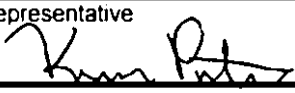
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 06 2018

BY

1. Entity ID Number <b>000097970</b>		2. Exact name of the Corporation <b>Nicholas ELECTRIC &amp; CONTROLS, INC.</b>	
3. Principal Office Address <b>28 CALUMENT AVENUE</b>		City <b>JOHNSTON</b>	State <b>RI</b>
		Zip <b>02919</b>	
4. NAICS Code <b>238210</b>	6. Brief description of the character of business conducted in Rhode Island <b>engage in business of electrical contracting.</b>		
5. State of Incorporation <b>RHODE ISLAND</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>KEVIN POITRAS</b>		Vice-President Name <b>KEVIN POITRAS</b>	
Street Address <b>28 CALUMENT AVENUE</b>		Street Address <b>28 CALUMENT AVENUE</b>	
City <b>JOHNSTON</b>	State <b>RI</b>	City <b>JOHNSTON</b>	State <b>RI</b>
Zip <b>02919</b>		Zip <b>02919</b>	
Secretary Name <b>KEVIN POITRAS</b>		Treasurer Name <b>KEVIN POITRAS</b>	
Street Address <b>28 CALUMENT AVENUE</b>		Street Address <b>28 CALUMENT AVENUE</b>	
City <b>JOHNSTON</b>	State <b>RI</b>	City <b>JOHNSTON</b>	State <b>RI</b>
Zip <b>02919</b>		Zip <b>02919</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		100	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.			
<b>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.</b>			
Name of Authorized Representative <b>KEVIN POITRAS</b>			Date <b>1-2-18</b>
Signature of Authorized Representative  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