



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

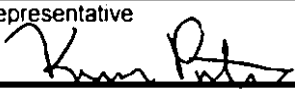
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 06 2018

BY

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

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov