State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED TA

MAR 06 2018

BY

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.

1. Entity ID Number	2. Exact name of the Corporation		
000097970	Nichols ELECTRIC & CONTROLS, INC.		
3. Principal Office Address	City	State	Zip
28 CALUMENT AVENUE	JOHNSTON	RI	02919
4. NAICS Code 238210	6. Brief description of the character of business conducted in Rhode Island		
5. State of Incorporation RHODE ISLAND	engage in business of electrical contracting.		

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name KEVIN POITRAS			Vice-President Name KEVIN POITRAS		
Street Address 28 CALUMENT AVENUE			Street Address 28 CALUMENT AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name KEVIN POITRAS			Treasurer Name KEVIN POITRAS		
Street Address 28 CALUMENT AVENUE			Street Address 28 CALUMENT AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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.

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	Date
KEVIN POITRAS	1-2-18

Signature of Authorized Representative: Kevin Poitras 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

FORM 630 - Revised: 10/2017