



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 JUN 15 PM 1:40

1. Entity ID Number <u>000012344</u>		2. Exact name of the Corporation <u>Elco Electric Service Corp.</u>			
3. Principal Office Address <u>948 Pontiac Ave</u>			City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>
4. NAICS Code <u>238210</u>		6. Brief description of the character of business conducted in Rhode Island <u>Electrical Contractor</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Eleanor Reuter</u>			Vice-President Name <u>Kenneth Reuter (Deceased)</u>		
Street Address <u>455 Samuel Gorton Ave</u>			Street Address <u>455 Samuel Gorton Ave</u>		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>	City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>
Secretary Name			Treasurer Name		
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			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.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 <u>Cindy M. Thompson</u>					Date <u>06/15/2018</u>
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

FILED

JUN 15 2018

BY CA 332834

FORM 630 - Revised: 02/2017