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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year: 20/8

2010 SEP 21 AM 11: 17

→ Filing period. January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.							
Entity ID Number 2. Exact name of the Corporation							
120826 NORATO ELECTRIC INC  3. Principal Office Address City State Zip  A7 C KRZAK Rd. NORTH KINGSTOWN R. F 02852							
3. Principal Office Address			City	-	State	Zip	
27 CKRZAK Rd.			NORTH KING	STOWN	R. I	02852	
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island							
238210							
5. State of Incorporation FLiz CTRICM CONTRACTOR							
$R_{i}\mathcal{I}$							
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name  5 tephen Norato			Vice-President Name  5 A m2				
Street Address			Street Address				
City N. KINGSTOWN   R.I.   CIP 02852							
N. KINGSTOWN	State R. T	210 2852	City		State	Zıp	
Secretary Name	, VCE-	1 10-0 3	Freasurer Name		<del>-</del>		
Steed Address							
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
0.154.411.41.41.4							
8. List ALL directors (names and addresses)  Check the box to indicate an attachment  Director Name							
SAME			SAME				
Street Address			Street Address				
Crty	State	Zıp	City	<del></del>	State	Zip	
	<u> </u>	<u> </u>	- ,,				
Director Name			Director Name				
Street Address			Street Address				
· · · · · · · · · · · · · · · · · · ·							
City	State	Zıp	City		State	Zip	
9. Shares Authorized 10. Shares Issue		Check the box to indicate an attachment					
This information is currently of record in the		NUMBER OF S	:ARES	CLASS/SERIES		PAR VALUE	
Department of State.		100	)			JO PAR	
Changes require an additional filing.						V - 717	
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							
Sted n 200 FUEDC 9-21-18							
Signature of Authorized Representative							
Stephen NORATO DEPONICIONAL DEL DA 2010							
SEP 2 1 2010							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY Ou DG DNX