

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 SEP 21 AM 11: 17

Annual Report for the year: 2018 Corporation

-> Filing period. January 1 - March 1

→ Filing Fee: \$50.00

→ Repalty: Additional \$25.00 fee if form in not filed by April 1.

Penalty: Additional \$25.001	ree it form is not	THEG by April 1.				
Entity ID Number 2. Exact name of the Corporation						
120826	NORA	TO ELECT	TRIL INC	<u>,</u>		
3. Principal Office Address			City		State	Zip
120826 NURATO ELECT 3. Principal Office Address 27 C KRZAK Rd.			NORTH KI	NUSTOUN	R. I	02852
4. NAICS Code	6. Brief descrip	tion of the characte	er of business condu	icted in Rhode Isl	and	
238210				•		
5. State of Incorporation	] EC	ÉCTRICAL	CONTRAC	TOR		
$R_{\epsilon}I$				•		
7. List ALL officers (names and ad		Check the box to indicate an attachment				
President Name			Vice-President Name  SAm			
Street Address						
Street Address  27 C KRZAK Rd.  City N·KINGSTOWN State CTP 02852						
City N. Kinks Community	State	Zip	City		State	Zıp
Secretary Name	i Wat	VA032	Treasurer Name		Ļ	<u></u>
Street Address			Street Address			
City	State	Ζιρ	City		State	Zip
List ALL directors (names and a Director Name	ddresses)		15	Check ti	he box to indic	ate an attachment
SAME			Director Name  5 Am			
Street Address			Street Address			
City	State	Zip	City		State	7:-
	Diale	ا ا	City		State	Zip
Director Name			Director Name			
Street Address	Street Address					
0.10017.005.000	Sirect Address					
City	State	Zıp	City	·	State	Zip
9. Shares Authorized		10. Sharos locu	04	Chaplett	ha hawaa iadia	-4
This information is currently of record in the		10. Shares Issu	SHARES	Check the box to indicate an attachment CLASS/SERIES PAR VALUE		
Department of State.		10	c)		,	110 010
Changes require an additional filing.		- / -				UU 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						
Iva: ne of Authorized Rooms entally			Date	2		
Signature of Authorized Representative  FILED  9-21-18						
promption and the property of the						
Stephen NORATO SEP 2 1 2018						
			JET C	1 7010		

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 DEDNX

FORM 630 - Revised: 02/2017