



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
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

JAN 18 2019

BY

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1. Entity ID Number 000000566		2. Exact name of the Corporation Aladdin Electric Co., Inc.			
3. Principal Office Address 155 South Main Street, Suite 300			City Providence	State RI	Zip 02903
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island Electrical contractors			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Henry H. Kandzerski, Jr.			Vice-President Name		
Street Address 79 Gibson Hill Road			Street Address		
City Sterling	State CT	Zip 06377	City	State	Zip
Secretary Name Henry H. Kandzerski, Jr.			Treasurer Name Henry H. Kandzerski, Jr.		
Street Address 79 Gibson Hill Road			Street Address 79 Gibson Hill Road		
City Sterling	State CT	Zip 06377	City Sterling	State CT	Zip 06377
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Henry H. Kandzerski, Jr.			Director Name		
Street Address 79 Gibson Hill Road			Street Address		
City Sterling	State CT	Zip 06377	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		
			400	Common	No 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 Henry H. Kandzerski, Jr.					Date
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov