



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

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.

1. Entity ID Number 000004164		2. Exact name of the Corporation Chris Electric, Ltd			
3. Principal Office Address 62 Halsey Street			City Newport	State RI	Zip 02840
4. NAICS Code 541360 ic. an		6. Brief description of the character of business conducted in Rhode Island Electrical Contractor (performs specialized construction work related to the design, installation and maintenance of electrical system for residential, commercial and institutional buildings)			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christopher R. Kalil			Vice-President Name		
Street Address 375 Wyatt Road			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
Secretary Name Christopher R. Kalil			Treasurer Name Christopher R. Kalil		
Street Address 375 Wyatt Road			Street Address 375 Wyatt Road		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
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
		100		Voting	\$1.00
		100		Non-voting	\$1.00
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. <i>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.</i>					
Name of Authorized Representative Christopher R. Kalil				Date 1/24/19	
Signature of Authorized Representative 				<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">FILED</div> <div style="font-size: 1.5em; margin-bottom: 5px;">JAN 22 2019</div> <div style="font-size: 1.5em; margin-bottom: 5px;">BY <u>24507</u></div>	
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

BY 24507 FORM 630 - Revised: 10/2016