



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.

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SECRETARY OF STATE
CORPORATIONS DIV

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1. Entity ID Number 163185		2. Exact name of the Corporation NORTHERN LIGHTS ELECTRIC, INC.			
3. Principal Office Address c/o JOSEPH RAHEB, ESQ., 650 GEORGE WASHINGTON HWY.			City LINCOLN	State RI	Zip 02865
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island ELECTRICAL CONTRACTOR			
5. State of Incorporation NEVADA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NICHOLAS McCOURT			Vice-President Name NICHOLAS McCOURT		
Street Address 50 ORNE STREET			Street Address 50 ORNE STREET		
City NORTH ATTLEBORO	State MA	Zip 02760	City NORTH ATTLEBORO	State MA	Zip 02760
Secretary Name NICHOLAS McCOURT			Treasurer Name NICHOLAS McCOURT		
Street Address 50 ORNE STREET			Street Address 50 ORNE STREET		
City NORTH ATTLEBORO	State MA	Zip 02760	City NORTH ATTLEBORO	State MA	Zip 02760
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NICHOLAS McCOURT			Director Name NONE		
Street Address 50 ORNE STREET			Street Address		
City NORTH ATTLEBORO	State MA	Zip 02760	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	\$ 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. 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 NICHOLAS McCOURT					Date 1-8-19
Signature of Authorized Representative 					

SIGN DOCUMENT **FILED**MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 25 2019

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BY cu OK # 9041

FORM 630 - Revised: 10/2017