




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.

1. Entity ID Number <b>507281</b>		2. Exact name of the Corporation <b>RightWay Electric, Inc.</b>												
3. Principal Office Address <b>249 Linden Street</b>			City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>									
4. NAICS Code <b>238210</b>		6. Brief description of the character of business conducted in Rhode Island <b>Electrical contracting; all phases of electrical installation and servicing.</b>												
5. State of Incorporation <b>Rhode Island</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Steven A. Dubois</b>			Vice-President Name											
Street Address <b>249 Linden Street</b>			Street Address											
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>	City	State	Zip									
Secretary Name <b>Steven A. Dubois</b>			Treasurer Name <b>Steven A. Dubois</b>											
Street Address <b>249 Linden Street</b>			Street Address <b>249 Linden Street</b>											
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>	City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>Steven A. Dubois</b>			Director Name											
Street Address <b>249 Linden Street</b>			Street Address											
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
This information is currently of record in the Department of State.  Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>Stk</td> <td>\$0.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	Stk	\$0.01			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
1,000	Stk	\$0.01												
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 <b>Steven A. Dubois</b>					Date <b>1-18-19</b>									
Signature of Authorized Representative 														

SIGN DOCUMENT FILE

FILED 02

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2815  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

JAN 31 2019

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FORM 630 - Revised: 10/2017