




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 507281		2. Exact name of the Corporation RightWay Electric, Inc.			
3. Principal Office Address 249 Linden Street			City Fall River	State MA	Zip 02720
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island Electrical contracting; all phases of electrical installation and servicing.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven A. Dubois			Vice-President Name		
Street Address 249 Linden Street			Street Address		
City Fall River	State MA	Zip 02720	City	State	Zip
Secretary Name Steven A. Dubois			Treasurer Name Steven A. Dubois		
Street Address 249 Linden Street			Street Address 249 Linden Street		
City Fall River	State MA	Zip 02720	City Fall River	State MA	Zip 02720
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Steven A. Dubois			Director Name		
Street Address 249 Linden Street			Street Address		
City Fall River	State MA	Zip 02720	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		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. <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 Steven A. Dubois					Date 1-18-19
Signature of Authorized Representative 			SIGN DOCUMENT 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

FILED 02
JAN 31 2019
 BY 2699