



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

STAMP

- 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 331093		2. Exact name of the Corporation Electronic Risks Consultants, Inc.			
3. Principal Office Address 456 US Highway 22 West			City Whitehouse Station	State NJ	Zip 08889
4. NAICS Code 811219	6. Brief description of the character of business conducted in Rhode Island Equipment Maintenance, Office Equipment Repair				
5. State of Incorporation New Jersey					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Avraam Zambas			Vice-President Name		
Street Address 301 CR 639			Street Address		
City Bloomsbury	State NJ	Zip 08804	City	State	Zip
Secretary Name			Treasurer Name Stathis N. Zambas		
Street Address			Street Address 365 Liberty Road		
City	State	Zip	City Stewartsville	State NJ	Zip 08886
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		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100		
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 Stathis N Zambas					Date 01-30-19
Signature of Authorized Representative 					SIGN DOCUMENT HERE FILED

FEB 01 2019

BY **042433**
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