



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
146 W. River Street
Providence, RI 02904-2615
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-150(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-150(c)(2)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 116023		2. Name of Corporation Century Electric Inc	
3. Street Address Principal Business Office 11 Ledward Ave		City Westerly	State RI
4. Business Phone No. 401-5965564		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island Electrical Contractor 238210			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS		Vice President Name	
President Name Leonard Capizzano II		Leonard Capizzano	
Street Address 117 Tower St		Street Address 6 Timothy Dr	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02891	
Secretary Name Judith A Capizzano		Treasurer Name Karen Capizzano	
Street Address 6 Timothy		Street Address 15 Fusaro	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02891	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Leonard Capizzano II		Director Name Karen Capizzano	
Street Address 117 Tower St		Street Address 15 Fusaro Ave	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02891	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED 200		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES -- THIS SECTION MUST BE COMPLETED	
		Number of Shares 200	Class/Series Common
		Par Value No Par Value	

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.

File Date	
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	

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.

Karen Capizzano 1/4/19
Signature Date

Karen Capizzano
Print or Type Name

Tresurer

Title

FILED

FEB 21 2019

BY 10619 DS