



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: ~~2018~~ 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 000004492		2. Exact name of the Corporation ORLANDO Electrical Corporation	
3. Principal Office Address 3 Karen Drive		City Smithfield	State RI
		Zip 02917	
4. NAICS Code 818990	6. Brief description of the character of business conducted in Rhode Island Electrical		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Francesco Orlando		Vice-President Name Ann Orlando	
Street Address 3 Karen Ann Drive		Street Address 3 Karen Ann Drive	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 ☐	
		NUMBER OF SHARES 100	CLASS/SERIES 0
			PAR VALUE 0
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 Francesco Orlando President		Date 02/17/19	
Signature of Authorized Representative		FILED	