



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 MAR -1 PM 12:09

1. Entity ID Number 001687621		2. Exact name of the Corporation TRACY ELECTRIC, INC.	
3. Principal Office Address 8025 S. Broadway Street		City Haysville	State KS
		Zip 67060	
4. NAICS Code 238210	6. Brief description of the character of business conducted in Rhode Island ELECTRICAL CONTRACTOR		
5. State of Incorporation KANSAS			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Michael Tracy		Vice-President Name	
Street Address 1706 Tiara Pines Drive		Street Address	
City Derby	State KS	Zip 67037	
Secretary Name Michael Tracy		Treasurer Name Michael Tracy	
Street Address 1706 Tiara Pines Drive		Street Address 1706 Tiara Pines Drive	
City Derby	State KS	Zip 67037	City Derby
			State KS
			Zip 67037
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Michael Tracy		Director Name	
Street Address 1706 Tiara Pines Drive		Street Address	
City Derby	State KS	Zip 67037	
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	CLASS/SERIES
		1,000,000	COMMON
		PAR VALUE	\$1.00
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 Michael Tracy		Date 2/28/2019	
Signature of Authorized Representative <i>Michael Tracy</i>		12:09pm	
		FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MAR 1 2019 KM
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