



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 AM 11:54
 SECRETARY OF STATE
 USE ONLY

1. Entity ID Number 7744		2. Exact name of the Corporation Corbeil Associates, Inc.			
3. Principal Office Address 2417 Mendon Road			City Woonsocket	State RI	Zip 02895
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island ELECTRICAL CONTRACTING			
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 ALBERT J. CORBEIL			Vice-President Name		
Street Address P.O. Box 63			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name ALBERT J. CORBEIL			Treasurer Name ALBERT J. CORBEIL		
Street Address P.O. Box 63			Street Address P.O. Box 63		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ALBERT J. CORBEIL			Director Name		
Street Address P.O. Box 63			Street Address		
City Portsmouth	State RI	Zip 02871	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		
			CLASS/SERIFS		
			PAR VALUE		
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 ALBERT J. CORBEIL, PRESIDENT					Date February 19, 2019
Signature of Authorized Representative <i>Albert J. Corbeil President</i>					SIGN DOCUMENT HERE

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