



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov

**FILED**

MAR 14 2019

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**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019**

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>116033</b>		2. Exact name of the Corporation <b>Tafuri Electric, Inc.</b>					
3. Principal office address <b>328 Cowesett Avenue- Suite 1</b>				City <b>West Warwick</b>		State <b>RI</b>	Zip <b>02893</b>
4. Business Phone No. <b>401-828-6888</b>				5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>General, Commercial, Residential Electrical, Contracting Services. (238210)</b>							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name <b>John L. Tafuri</b>				Vice-President Name <b>John L. Tafuri</b>			
Street Address <b>PO Box 252</b>				Street Address <b>PO Box 252</b>			
City <b>East Greenwich</b>		State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>		State <b>RI</b>	Zip <b>02893</b>
Secretary Name <b>John L. Tafuri</b>				Treasurer Name <b>John L. Tafuri</b>			
Street Address <b>PO Box 252</b>				Street Address <b>PO Box 252</b>			
City <b>East Greenwich</b>		State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>		State <b>RI</b>	Zip <b>02893</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name <b>John L. Tafuri</b>				Director Name			
Street Address <b>PO Box 252</b>				Street Address			
City <b>East Greenwich</b>		State <b>RI</b>	Zip <b>02818</b>	City		State	Zip
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip	City		State	Zip
9. SHARES AUTHORIZED				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
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.				NUMBER OF SHARES	CLASS/SERIES		PAR VALUE
				None			

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.

*John L. Tafuri* 3-9-19  
 Signature of Authorized Representative Date  
**John L. Tafuri, President**

Print or Type Name of Authorized Representative