



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.

FILED

MAR 14 2019

BY 450

1. Entity ID Number 131735		2. Exact name of the Corporation CARLOS MAGINA ELECTRICAL, INC.			
3. Principal Office Address 11 CLAYTON STREET			City PAWTUCKET	State RI	Zip 02861
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island TO OPERATE AN ELECTRICAL CONTRACTING BUSINESS			
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 CARLOS A. MAGINA			Vice-President Name TERESA MAGINA		
Street Address 92 BITTERSWEET DRIVE			Street Address 92 BITTERSWEET DRIVE		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name CARLOS A. MAGINA			Director Name		
Street Address 92 BITTERSWEET DRIVE			Street Address		
City SEEKONK	State MA	Zip 02771	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/SERIES	
		500		COMMON	
				PAR VALUE	
				NPV	
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 CARLOS A. MAGINA				Date 1/21/19	
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					