



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2019 MAR 18 PM 12:17

**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.

1. Entity ID Number <b>000153119</b>		2. Exact name of the Corporation <b>RAY GAGNON ELECTRIC, INC.</b>			
3. Principal Office Address c/o JOSEPH RAHEB, ESQ., 650 GEORGE WASHINGTON HWY.		City <b>LINCOLN</b>		State <b>RI</b>	Zip <b>02865</b>
4. NAICS Code <b>238210</b>		6. Brief description of the character of business conducted in Rhode Island <b>ELECTRICAL SERVICES</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>RAYMOND L. GAGNON</b>			Vice-President Name <b>GERALD GAGNON</b>		
Street Address <b>754 CHOPMIST HILL ROAD</b>			Street Address <b>1100 BELCHER RD, UNIT 284</b>		
City <b>NORTH SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>SOUTH LARGO</b>	State <b>FL</b>	Zip <b>33771</b>
Secretary Name <b>RAYMOND L. GAGNON</b>			Treasurer Name <b>RAYMOND L. GAGNON</b>		
Street Address <b>754 CHOPMIST HILL ROAD</b>			Street Address <b>754 CHOPMIST HILL ROAD</b>		
City <b>NORTH SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>NORTH SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>RAYMOND L. GAGNON</b>			Director Name <b>GERALD GAGNON</b>		
Street Address <b>754 CHOPMIST HILL ROAD</b>			Street Address <b>1100 BELCHER RD, UNIT 284</b>		
City <b>NORTH SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>SOUTH LARGO</b>	State <b>FL</b>	Zip <b>33771</b>
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>100</b>		<b>COMMON</b>	<b>NO PAR VALUE</b>
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 <b>RAYMOND L. GAGNON</b>					Date <b>3/13/19</b>
Signature of Authorized Representative 			SIGN DOCUMENT HERE <b>FILED</b>		

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

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BY: CM 3494