



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** STAMP

MAR 18 2019

BY 131

1. Corporate ID No. <b>001100203</b>		2. Name of Corporation <b>SurePower Electrical Contractors, Inc.</b>			
3. Street Address Principal Business Office <b>297 Rhode Island Blvd.</b>			City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02817</b>
4. NAICS Code <b>238210</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>electrical contracting services</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Peter F. Chilabato</b>			Vice President Name <b>Durant V. Jenkins</b>		
Street Address <b>297 Rhode Island Blvd.</b>			Street Address <b>297 Rhode Island Blvd.</b>		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02817</b>
Secretary Name <b>Durant V. Jenkins</b>			Treasurer Name <b>Peter F. Chilabato</b>		
Street Address <b>297 Rhode Island Blvd.</b>			Street Address <b>297 Rhode Island Blvd.</b>		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02817</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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.			ISSUED SHARES – THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			<b>100 common shares \$.01 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.

Signature

Date

**Peter F. Chilabato**

Print or Type Name

**President**

Title

MAIL TO:

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