



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

FILED

Annual Report for the year: 2019

MAR 21 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.

BY 11742 DS

1. Entity ID Number 000797805		2. Exact name of the Corporation A & M ELECTRICAL - MECHANICAL INC.			
3. Principal Office Address 206 FORGE ROAD			City WESTPORT	State MA	Zip 02790
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island ELECTRICAL AND PLUMBING CONTRACTOR AND RELATED ACTIVITIES			
5. State of Incorporation MASSACHUSETTS					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN ALBERNAZ			Vice-President Name ROBERT RICCI		
Street Address 24 LENANON STREET, APT #3			Street Address 47 ONEIDA STREET		
City FALL RIVER	State MA	Zip 02723	City PAWTUCKET	State RI	Zip 02860
Secretary Name JOHN ALBERNAZ			Treasurer Name DAVID MONTOUR		
Street Address 24 LENANON STREET, APT #3			Street Address 206 FORGE ROAD		
City FALL RIVER	State MA	Zip 02723	City WESTPORT	State MA	Zip 02790
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOHN ALBERNAZ			Director Name DAVID MONTOUR		
Street Address 24 LENANON STREET, APT #3			Street Address 206 FORGE ROAD		
City FALL RIVER	State MA	Zip 02723	City WESTPORT	State MA	Zip 02790
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
9. Shares Authorized 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.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		20,000	COMMON	NO 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. <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 JOHN ALBERNAZ				Date	
Signature of Authorized Representative <p style="text-align: center;">SIGN DOCUMENT HERE</p>					

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