



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 *Q*
MAR 27 2019
2632

1. Entity ID Number 000097970		2. Exact name of the Corporation NICHOLAS ELECTRIC & CONTROLS, INC.			
3. Principal Office Address 28 CALUMENT AVENUE			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 238210 F		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN BUSINESS OF ELECTRICAL CONTRACTING			
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 KEVIN POITRAS			Vice-President Name KEVIN POITRAS		
Street Address 28 CALUMENT AVENUE			Street Address 28 CALUMENT AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name KEVIN POITRAS			Treasurer Name KEVIN POITRAS		
Street Address 28 CALUMENT AVENUE			Street Address 28 CALUMENT AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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			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	PAR VALUE
			100	COMMON	NO PAR
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 KEVIN POITRAS				Date 1-2-19	
Signature of Authorized Representative <i>Kevin Poitras</i>			SIGN DOCUMENT HERE		

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