



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**

Corporation

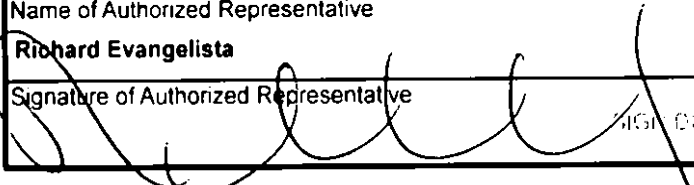
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE TAX &
CORPORATIONS DIV

2019 APR 11 PM 4:03

1. Entity ID Number 7641		2. Exact name of the Corporation FEDERAL ELECTRONICS, INC.			
3. Principal Office Address 75 STAMP FARM ROAD			City CRANSTON	State RI	Zip 02921
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island ELECTRONIC MANUFACTURING			
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 Edward M. Evangelista			Vice-President Name Richard Evangelista		
Street Address 33 Lennon Road			Street Address 546 Cole Avenue		
City Lincoln	State RI	Zip 02865	City Providence	State RI	Zip 02906
Secretary Name Edward M. Evangelista			Treasurer Name Richard Evangelista		
Street Address 33 Lennon Road			Street Address 546 Cole Avenue		
City Lincoln	State RI	Zip 02865	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Richard Evangelista			Director Name Edward M. Evangelista		
Street Address 546 Cole Avenue			Street Address 33 Lennon Road		
City Providence	State RI	Zip 02906	City Lincoln	State RI	Zip 02865
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.			CLASS/SERIALS		
			PAR VALUE		
1,000			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. 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 Richard Evangelista					Date 3.26.19
Signature of Authorized Representative 					

MAIL TO:


Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

APR 11 2019

FORM 630 - Revised: 10/2017

BY  HJG YG