



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV

Annual Report for the year: 2019  
 Corporation

2019 JUL -8 PM 2:48

- 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<br><b>001096331</b>  |                    | 2. Exact name of the Corporation<br><b>POWER CORPORATION INC.</b>                                |   |                    |                       |
| 3. Principal Office Address<br><b>10 VALLEY VIEW CR</b>  |                    | City<br><b>CRANSTON</b>  |   | State<br><b>RI</b> | Zip<br><b>02921</b>   |
| 4. NAICS Code<br><b>238210</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Electrical</b> |   |                    |                       |
| 5. State of Incorporation<br><b>RI</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<br><b>JEFF DESMADES</b>   |                    |  | Vice-President Name   |                    |                       |
| Street Address<br><b>10 Valley View Cr</b>   |                    |  | Street Address  |                    |                       |
| City<br><b>Cranston</b>  | State<br><b>RI</b> | Zip<br><b>02921</b>  | City  | State              | Zip                   |
| Secretary Name   |                    |  | Treasurer Name  |                    |                       |
| Street Address   |                    |  | Street Address  |                    |                       |
| City   | State              | Zip  | City  | State              | Zip                   |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |   |                    |                       |
| 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                       |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                    |  | NUMBER OF SHARES  |                    |                       |
|  |                    |  | CLASS/SERIES  |                    | PAR VALUE             |
|  |                    |  | <b>100</b>  |                    | <b>.01</b>            |
|  |                    |  | <b>CWP</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.<br><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<br><b>JEFF DESMADES</b>  |                    |  |   |                    | Date<br><b>7-8-19</b> |
| Signature of Authorized Representative<br>   |                    |  |   |                    |                       |

MAIL TO:  
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 Phone: (401) 222-3040  
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