



2019 OCT 30 AM 10: 53

Annual Report for the year: 2019 Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

M & R ELECTRIC, LLC 3. NAICS Code 238210 4. Brief description of the character of business conduct PROVIDE RESIDENTIAL AND COMMERCIAL ELECT 5. State of Formation RHODE ISLAND 6. Principal Office Address 20 HILLVIEW DRIVE 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name MARK J. MORRONE Street Address 20 HILLVIEW DRIVE 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLIC Manager Name Street Address City State Zip City 9. Resident Agent in Rhode Island. This information is currently of record with the Department of Under penalty of perjury, I declare and affirm that I have examined this report, include statements, and that all statements contained herein are true and correct.		
238210 PROVIDE RESIDENTIAL AND COMMERCIAL ELECT 5. State of Formation RHODE ISLAND 6. Principal Office Address 20 HILLVIEW DRIVE 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name MARK J. MORRONE Street Address 20 HILLVIEW DRIVE 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLIC Manager Name Street Address City State Zip City Manager Name Street Address City State Zip City Manager Name Street Address City State Zip City 9. Resident Agent in Rhode Island. This information is currently of record with the Department of Under penalty of perjury, I declare and affirm that I have examined this report, Included Island.		
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Under penalty of perjury, I declare and affirm that I have examined this report, include	State	Zip
Under penalty of perjury, I declare and affirm that I have examined this report, include	Check the box to	Indicate an attachment
Under penalty of perjury, I declare and affirm that I have examined this report, include statements, and that all statements contained herein are true and correct.	State. Changes require file	ing Form 642.
	ling any accompanyi	ng schedules and
Name of Authorized Person	Date	-16
MARK J. MORRONE	plis 169	
Signature of Authorized Person SIGN COCUMENT HERE		
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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