



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.

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 SECRETARY OF STATE  
 CORPORATIONS DIV

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|  |                    |   |                           |                         |                     |
|--|--------------------|---|---------------------------|-------------------------|---------------------|
| 1. Entity ID Number<br><b>001664783</b>  |                    | 2. Exact name of the Corporation<br><b>Eirich Electric Inc.</b>   |                           |                         |                     |
| 3. Principal Office Address<br><b>1678 East Main Rd</b>  |                    |   | City<br><b>Portsmouth</b> | State<br><b>RI</b>      | Zip<br><b>02871</b> |
| 4. NAICS Code<br><b>238210</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Electrical Contractor. Wiring inside and out of buildings. residential and commerical</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>John Eirich</b>   |                    |   | Vice-President Name       |                         |                     |
| Street Address<br><b>604 Boyds Lane</b>  |                    |   | Street Address            |                         |                     |
| City<br><b>Portsmouth</b>  | State<br><b>RI</b> | Zip<br><b>02871</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>0</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><b>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.</b> |                    |   |                           |                         |                     |
| Name of Authorized Representative<br><b>John Eirich</b>  |                    |   |                           | Date<br><b>10/31/19</b> |                     |
| Signature of Authorized Representative <i>[Handwritten Signature]</i> <span style="float: right;">SIGN DOCUMENT HERE</span> <b>FILED</b>   |                    |   |                           |                         |                     |

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

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