



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

**Annual Report for the year: 2020**  
**Corporation**

**FILED**  
 DEC 20 2019  
 9674

- 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 <b>6950</b>		2. Exact name of the Corporation <b>S. &amp; K. Electric, Inc.</b>				
3. Principal Office Address <b>4808 Old Post Road</b>			City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	
4. NAICS Code <b>238210</b>		6. Brief description of the character of business conducted in Rhode Island <b>Electrical, heating and plumbing</b>				
5. State of Incorporation <b>Rhode Island</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 <b>Kenneth W. Puckett</b>			Vice-President Name <b>Kenneth E. Puckett</b>			
Street Address <b>P. O. Box 613</b>			Street Address <b>711 Tuckertown Road</b>			
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	
Secretary Name <b>Kenneth W. Puckett</b>			Treasurer Name <b>Melissa Puckett</b>			
Street Address <b>P. O. Box 613</b>			Street Address <b>711 Tuckertown Road</b>			
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>						
Director Name <b>Kenneth W. Puckett</b>			Director Name			
Street Address <b>P. O. Box 613</b>			Street Address			
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	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.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE	
			<b>8,000</b>		<b>common</b>	<b>no par</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. <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 <b>Kenneth W. Puckett</b>				Date <b>12/16/19</b>		
Signature of Authorized Representative <i>Kenneth W. Puckett</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