RI SOS Filing Number: 202031470630 Date: 1/8/2020 4:00:00 PM



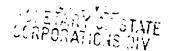
State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00



2020 JAN -8 AM 8: 47

→ Penalty: Additional \$25.00 fee if form is not filed by April 1. Entity ID Number 2. Exact name of the Corporation							
793877		Old Tyme Electric, Inc.					
3. Principal Office Address			City	-	State	Zip	
7 Wendell St.			Pawtucket		RI	02861-1244	
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island					
238210	Electrical o	Electrical construction and repairs for residential, commercial and industrial establishments					
5. State of Incorporation				.,,			
RI							
7. List ALL officers (names ar	nd addresses)		<u> </u>	Check th	ne box to indi	cate an attachment [
President Name Walter E.Cro	Vice-President Name						
Street Address 7 Wendell St.	Street Address						
City Pawtucket	State RI	Zip 02861-1244	City		State	Zip	
		02061-1244	ļ				
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
8. List ALL directors (names a	and addresses)		<u>i</u>	Check th	ne box to indi	L cate an attachment □	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
	<u> </u>						
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issue	<u>. </u>	Check th	l ne hoy to indi	I cate an attachment [_	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF S		CLASS/SERIES			
		100				0.01	
		-					
11. This report must be execu	uted on behalf of the	corporation by an aut	thorized represent	ative. If the corpora	ation is in the	hands of a receiver or	
<u>rustee, this report must be e</u> :	<u>xecuted on behalf of</u>	the corporation by the	e receiver or truste	ee.			
Inder penalty of perjury, i	declare and affirm	that I have examined	this report, inclu	iding any accomp	anying sch	edules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date		
Walter E. Croteau			01-06-2020				
Signature of Authorized Repr							
Walter 9. Ch	veau	$\mathcal{L}(G^{\bullet}) = \mathcal{L}^{\bullet}$		\subset			
MAIL TO:		**************************************	Fi	LED	10 ///°		

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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FORM 630 - Revised: 10/2017