



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
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 21 2020

STAMP

[Handwritten initials]

5262

1. Entity ID Number 001675362		2. Exact name of the Corporation Hallmark Electrical Systems, Inc.			
3. Principal Office Address 16 Pratt St			City Taunton	State MA	Zip 02780
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island Electrical Contracting			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jaime Cunha			Vice-President Name Eric Batista		
Street Address 257 Plain St			Street Address 41 Macomber St		
City Taunton	State MA	Zip 02780	City Berkley	State MA	Zip 02779
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/STRIKES	PAR VALUE
			<i>10,000.00</i>	<i>CNP</i>	<i>0.00</i>
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.					
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.					
Name of Authorized Representative Jaime Cunha				Date 1-16-2020	
Signature of Authorized Representative <i>Jaime Cunha</i>					

MAIL TO:
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