



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

FILED

Annual Report for the year: 2020
Corporation

FEB 03 2020

BY 88255

- 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 6619		2. Exact name of the Corporation MAJOR ELECTRIC & SUPPLY, INC.			
3. Principal Office Address 6 FAUNCE DRIVE			City PROVIDENCE	State RI	Zip 02906
4. NAICS Code 444190		6. Brief description of the character of business conducted in Rhode Island ELECTRICAL EQUIPMENT AND SALES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ALAN J. LEVEN			Vice-President Name MYRNA R. LEVEN		
Street Address 41 GALEN COURT			Street Address 2107 DEVONSHIRE WAY		
City SEEKONK	State MA	Zip 02771	City PALM BEACH GARDENS	State FL	Zip 33418
Secretary Name ALAN J. LEVEN			Treasurer Name DAVID E. LEVEN		
Street Address 41 GALEN COURT			Street Address 2107 DEVONSHIRE WAY		
City SEEKONK	State MA	Zip 02771	City PALM BEACH GARDENS	State FL	Zip 33418
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DAVID E. LEVEN			Director Name ALAN J. LEVEN		
Street Address 2107 DEVONSHIRE WAY			Street Address 41 GALEN COURT		
City PALM BEACH GARDENS	State FL	Zip 33418	City SEEKONK	State MA	Zip 02771
Director Name MYRNA R. LEVEN			Director Name ALAN J. LEVEN		
Street Address 2107 DEVONSHIRE WAY			Street Address 41 GALEN COURT		
City PALM BEACH GARDENS	State FL	Zip 33418	City SEEKONK	State MA	Zip 02771
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/SERIES	PAR VALUE
			5,000	COMMON	NO PAR
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 ALAN J. LEVEN					Date 1/27/2020
Signature of Authorized Representative 					

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