



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

FEB 10 2020

BY 21464 PS

1. Entity ID Number 35239		2. Exact name of the Corporation NOLIN ELECTRIC, INC.									
3. Principal Office Address 82 Stamp Farm Road			City Cranston	State RI	Zip 02921						
4. NAICS Code 238310		6. Brief description of the character of business conducted in Rhode Island ELECTRICAL CONTRACTING									
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 JEFFREY J. NOLIN			Vice-President Name JACQUELINE M. NOLIN								
Street Address 160 JOHN POTTER ROAD			Street Address 63 BATTEY MEETING HOUSE ROAD								
City WEST GREENWICH	State RI	Zip 02817	City NORTH SCITUATE	State RI	Zip 02857						
Secretary Name JEFFREY J. NOLIN			Treasurer Name JEFFREY J. NOLIN								
Street Address 160 JOHN POTTER ROAD			Street Address 160 JOHN POTTER ROAD								
City WEST GREENWICH	State RI	Zip 02817	City WEST GREENWICH	State RI	Zip 02817						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>											
Director Name JACQUELINE M. NOLIN			Director Name JEFFREY J. NOLIN								
Street Address 63 BATTEY MEETING HOUSE ROAD			Street Address 160 JOHN POTTER ROAD								
City NORTH SCITUATE	State RI	Zip 02857	City WEST GREENWICH	State RI	Zip 02817						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR
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100	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. 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 JEFFREY J. NOLIN				Date 2/4/2020							
Signature of Authorized Representative 											

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