

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020 Corporation

MAR 0 5 2020 02

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$2	:5.00 fee if form is no	ot filed by April 1.					
1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
000043048	Cutler H	Cutler H Besser & Son, Inc.					
3. Principal Office Address			City		State	Zip	
6 Maple Lane			North Scituate		RI	02857	
4. NAICS Code	6. Brief desc	ription of the charac	cter of business conduc	cted in Rhode Isla	and		
238210	Electrical C	Electrical Construction					
5. State of Incorporation	\neg						
RI							
7. List ALL officers (names a	and addresses)				e box to indic	cate an attachment 🛄	
President Name Richard G B	lesser	Vice-President Name	Vice-President Name				
Street Address 6 Maple Lane	3	Street Address	Street Address				
City North Scituate	State RI	Zip 02857	City		State	Zıp	
Secretary Name			Treasurer Name Ric	Treasurer Name Richard G Besser			
Street Address			Street Address 6 Ma	Street Address 6 Maple Lane			
City	State	Zip	City North Scituat		State RI	^{Zip} 02857	
8. List ALL directors (names	and addresses)				le box to indi	cate an attachment	
Director Name		Director Name	Director Name				
Street Address			Street Address	Street Address			
City	State	Zip	City		State	Zip	
Director Name			Director Name		1		
Street Address			Stroot Addrage	Street Address			
Suled Address			Stiget Vortiess	Ciliber Address			
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares iss	sued	Check th	e box to indi	cate an attachment	
This information is currently	of record in the	NUMBER C	NUMBER OF SHARES			PAR VALUE	
Department of State.		NONE	NONE				
Changes require an additiona	al filing.						
11. This report must be exec	cuted on behalf of the	e cornoration by an	authorized representa-	itive. If the comora	ation is in the	hands of a receiver or	
trustee, this report must be					IUOII IS III UIG	Halius of a receiver of	
Under penalty of perjury, I	l declare and affirm	that I have examin	ned this report, includ	ding any accomp	anying sch	edules and	
statements, and that all st Name of Authorized Repres	iatements contained	<u>i herein are true a</u> r	nd correct.		T		
	entative						
Richard G Besser				02/19/2020			
Signature of Authorized Rep					•		
Curland G B	Sense	SIUN DO	DOUGH NO HERE				

MAIL TO:

Division of Business Services

Phone: (401) 222-3040

148 W. River Street, Providence, Rhode Island 02904-2615