



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: ~~2019~~ 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.

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R.I. DEPT. OF STATE
BUS SVCS DIV.
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| | | | | | |
|---|-------------|---|---|--------------|--------------------------------------|
| 1. Entity ID Number 59122 | | 2. Exact name of the Corporation JED Electric, Inc. | | | |
| 3. Principal Office Address 169 Falls River Road | | | City West Greenwich | State RI | Zip 02817 |
| 4. NAICS Code 238210 | | 6. Brief description of the character of business conducted in Rhode Island Electrical wiring in houses and small business | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name James Governo | | | Vice-President Name James Governo | | |
| Street Address PO Box 1181 | | | Street Address PO Box 1181 | | |
| City Coventry | State RI | Zip 02816 | City Coventry | State RI | Zip 02816 |
| 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 James Governo | | | Director Name | | |
| Street Address PO Box 1181 | | | Street Address | | |
| City Coventry | State RI | Zip 02816 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized 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"/> | | |
| | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | 0 | 0 | 0 |
| | | | 0 | 0 | 0 |
| 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 James Governo | | | | | Date 03-06-20 03-06-20 |
| Signature of Authorized Representative | | | | | SIGN DOCUMENT HERE |

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

FILED

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BY du TCVDH FORM 630 - Revised: 10/2017

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