



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 MAR -6 P. 2:10

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			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
			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
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

FILED

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

MAR 06 2020

BY du TCVDH FORM 630 - Revised: 10/2017

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