



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

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.

MAR 12 2020 JIF

BY

11260 PS

1. Entity ID Number 61778		2. Exact name of the Corporation AIRHART ELECTRIC, INC.			
3. Principal Office Address 585 READ SCHOOL HOUSE ROAD			City COVENTRY	State RI	Zip 02816
4. NAICS Code 81- Other Services 238210		6. Brief description of the character of business conducted in Rhode Island INSTALLATION, REPAIR AND MAINTENANCE OF ELECTRICAL LINES, APPLIANCES, ETC., SALES OF ELECTRICAL SUPPLIES.			
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 MICHAEL D. AIRHART			Vice-President Name MICHAEL D. AIRHART		
Street Address 585 READ SCHOOL HOUSE ROAD			Street Address 585 READ SCHOOL HOUSE ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name MICHAEL D. AIRHART			Treasurer Name MICHAEL D. AIRHART		
Street Address 585 READ SCHOOL HOUSE ROAD			Street Address 585 READ SCHOOL HOUSE ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MICHAEL D. AIRHART			Director Name		
Street Address 585 READ SCHOOL HOUSE ROAD			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		
			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 MICHAEL D. AIRHART					Date 3-11-20
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