



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**

MAR 18 2020

BY

*2339*  
*LOK*

1. Entity ID Number <b>1680813</b>		2. Exact name of the Corporation <b>TMB Electric Corp.</b>												
3. Principal Office Address <b>22 Trolley Lane</b>			City <b>Salem</b>	State <b>NH</b>	Zip <b>03079</b>									
4. NAICS Code <b>423610</b>		6. Brief description of the character of business conducted in Rhode Island <b>Cellular wireless and electrical maintenance and construction</b>												
5. State of Incorporation <b>NH</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Thomas Buja</b>			Vice-President Name <b>Thomas Buja</b>											
Street Address <b>15 Forest Road</b>			Street Address <b>15 Forest Road</b>											
City <b>Hudson</b>	State <b>NH</b>	Zip <b>03051</b>	City <b>Hudson</b>	State <b>NH</b>	Zip <b>03051</b>									
Secretary Name <b>Thomas Buja</b>			Treasurer Name <b>Thomas Buja</b>											
Street Address <b>15 Forest Road</b>			Street Address <b>15 Forest Road</b>											
City <b>Hudson</b>	State <b>NH</b>	Zip <b>03051</b>	City <b>Hudson</b>	State <b>NH</b>	Zip <b>03051</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>None</b>			Director Name											
Street Address			Street Address											
City	State	Zip	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">NUMBER OF SHARES</th> <th style="text-align: center;">CLASS/SERIES</th> <th style="text-align: center;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">20</td> <td style="text-align: center;">Common A</td> <td style="text-align: center;">No Par</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	20	Common A	No Par			
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20	Common A	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.														
<b>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.</b>														
Name of Authorized Representative <b>Thomas Buja, President</b>				Date <b>3/1/20</b>										
Signature of Authorized Representative <i>Thomas Buja</i>														

MAIL TO:  
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Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)