



State of Rhode Island and Providence Plantations

Department of State - Business Services Division


Annual Report for the year: **2018**
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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BUS SVCS DIV
2020 AUG - 7 AM 11:56

1. Entity ID Number 001665361		2. Exact name of the Corporation Arruda Electric Inc.	
3. Principal Office Address 375 Mount Fair Circle		City Swansea	State MA
		Zip 02777	
4. NAICS Code 238210	6. Brief description of the character of business conducted in Rhode Island Electrical Contractor		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Joseph Arruda		Vice-President Name Joseph Arruda	
Street Address 375 Mount Fair Circle		Street Address 375 Mount Fair Circle	
City Swansea	State MA	City Swansea	State MA
Zip 02777		Zip 02777	
Secretary Name Joseph Arruda		Treasurer Name Joseph Arruda	
Street Address 375 Mount Fair Circle		Street Address 375 Mount Fair circle	
City Swansea	State MA	City Swansea	State MA
Zip 02777		Zip 02777	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Joseph Arruda		Director Name Joseph Arruda	
Street Address 375 Mount Fair Circle		Street Address 375 Mount Fair Circle	
City Swansea	State MA	City Swansea	State MA
Zip 02777		Zip 02777	
Director Name Joseph Arruda		Director Name Joseph Arruda	
Street Address 375 Mount Fair Circle		Street Address 375 Mount Fair Circle	
City Swansea	State MA	City Swansea	State MA
Zip 02777		Zip 02777	
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
		100	CNP
			PAR VALUE
			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 Joseph Arruda		Date 08/05/2020	
Signature of Authorized Representative 		FILED	