



State of Rhode Island

Department of State - Business Services Division

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BUS SVCS DIV

2020 NOV 12 P 12:42

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000791756		2. Exact name of the Corporation ECON Electrical Contractors, Inc.			
3. Principal Office Address 17 Franklin Street		City Warren		State RI	Zip 02885
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island Electrical contractors conducting electrical work on residential and commercial projects.			
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 Brian N. Ferreira		Vice-President Name			
Street Address 17 Franklin Street		Street Address			
City Warren	State RI	Zip 02885	City	State	Zip
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 Kathryn L. Ryan		Director Name			
Street Address 17 Franklin Street		Street Address			
City Warren	State RI	Zip 02885	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	CNP	\$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.					
<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 Brian N. Ferreira				Date 11/06/2020	
Signature of Authorized Representative				FILED M DEC 08 2020 BY <u>Ch 77A4W</u> 9:57	

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AM 9:52

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