RI SOS Filing Number: 202187510730 Date: 1/20/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

JAN 20 2021

BY 9987 DS

Annual Report for the year: 2021

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	2. Exact name of the Corporation
00006950	S. & K. Electric, Inc

3. Principal Office Address	City	State	Zip
4808 Old Post Road	Charlestown	RI	-2813

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
328210	Electrical, heating and plumbing
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Kenneth W. Puckett			Vice-President Name: Kenneth E. Puckett		
Street Address: P.O. Box 613			Street Address: 711 Tuckertown Road		
City: Charlestown	State: RI	Zip: 02813	City: Wakefield	State: RI	Zip: 02879
Secretary Name: Kenneth W. Puckett			Treasurer Name: Melissa Puckett		
Street Address: P. O. Box 613			Street Address: 711 Tuckertown Road		
City: Charlestown	State: RI	Zip: 02813	City: Wakefield	State: RI	Zip: 02879

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Kenneth W. Puckett			Director Name		
Street Address: P. O. Box 613			Street Address		
City: Charlestown	State: RI	Zip: 02813	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	8,000	Common	1.00

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	Date
Kenneth W. Puckett	01/11/2021

Signature of Authorized Representative: Kenneth W. Puckett

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

FORM 630 - Revised: 08/2020