



State of Rhode Island
Department of State - Business Services Division

FILED

STAMP

Annual Report for the year: 2021
Corporation _____

JAN 27 2021
 BY 11374

- 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 63689		2. Exact name of the Corporation D&E Electric			
3. Principal Office Address 68 Heath Avenue			City Warwick	State RI	Zip 02888
4. NAICS Code 221122		6. Brief description of the character of business conducted in Rhode Island Electric Systems			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Donald Kowalski			Vice-President Name Elaina Kowalski		
Street Address 68 Heath Avenue			Street Address 68 Heath Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Donald Kowalski			Treasurer Name Donald Kowalski		
Street Address 68 Heath Avenue			Street Address 68 Heath Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Donald B. Kowalski.			Director Name Elain Kowalski		
Street Address 68 Heath Avenue			Street Address 68 Heath Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Director Name Gregory D. Kowalski			Director Name Elaina Kowalski		
Street Address 68 Heath Avenue			Street Address 68 Heath Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
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	
		100		Common	
				PAR VALUE	
				no par value	
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 Donald Kowalski				Date 1/20/21	
Signature of Authorized Representative 					

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