State of Rhode Island and Pro Department of State - Annual Report for the year: Corporation	Business Services Division
<ul> <li>→ Filing period: January 1 - March</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fee if the second second</li></ul>	

FILED

JAN 27 2021

BY 5185

	→ Penalty: Additional \$25.00 fee if form is not filed by April 1.							
1. Entity ID Number 160472		2. Exact name of the Corporation  B. Z. ELECTRIC, INC.						
3. Principal Office Address 130 TOWER HILL ROAD			City NORTH KII	INGSTOWN	State RI	Zip 02852		
4. NAICS Code 238210		cription of the charac		conducted in Rhod	le Island			
5. State of Incorporation RHODE ISLAND		CAL CONTRACTING	3.					
7. List ALL officers (names and President Name				Che	ick the box to indir	cate an attachment		
JAMES P. BO	MAILAY		Vice-Presiden	nt Name				
Street Address 1 WILLETT RO			Street Addres	Street Address				
City SAUNDERSTOWN	State RI	<sup>Zip</sup> 02874	City		State	Zip		
Secretary Name JAMES P. BO	YAJIAN			Treasurer Name JAMES P. BOYAJIAN				
	1 WILLETT ROAD			Strect Address 1 WILLETT ROAD				
City SAUNDERSTOWN	State RI	Zip 02874	City SAUND		State RI	Zip 02874		
List ALL directors (names ar Director Name				Chec	ck the box to indic	cate an attachment		
JAMES P. BOY			Director Name	e				
Street Address 1 WILLETT ROA			Street Address	s				
City SAUNDERSTOWN	State RI	Zip 02874	City		State	Zip		
Director Name			Director Name	e				
Street Address	<del></del>		Street Address	s	<del>-</del>			
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Iss		ded Check the box to indicate an attachment				
This information is currently of record in the Department of State.		NUVBER OF	SIMRES	CLASS/SER COMMON	UES	PAR VALUE		
Changes require an additional fi	iling.	<del></del>	_			<del>-, () </del>		
11. This report must be execute trustee, this report must be exe	eculeu on benan or	i the corporation by i	The receiver or tri	rustaa				
Under penalty of perjury, I de <u>statements, and</u> that all state	eclare and affirm t ements contained	that I have examine	ed this report in	ncluding any acco	ompanying sche	dules and		
Name of Authorized Represent	tative		<u> </u>		Date , (	,		
JAMES P. BOYAJIAN, PRES		<del></del>			11/11	} l		
Signature of Authorized Repres	sentative	12 /GN X						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov