RI SOS Filing	Number: 202	189993720	Date: 2/4/	/2021 4:00:00 PM	1	, . <u>-</u> -	
State of Rhode Island Department of Sta	ite - Business	Services Di	vision				
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.			R.I. DEPT. OF STATE BUS SVCS DIV  2021 FEB -4 AM 9: 34				
1. Entity ID Number 000038766	2. Exact name of the Corporation B.T. ELECTRIC COMPANY, INC.						
3. Principal Office Address 53 Long Entry Road			City Chepachet		State RI		Zip 02814
4. NAICS Code 238210 5. State of Incorporation Rhode Island	Brief description of the character of business conducted in Rhode Island     all business relating to electric contracting						
7. List ALL officers (names and addresses) President Name Kristina W. Tridenti			Check the box to indicate an attachment  Vice-President Name Robert A. Tridenti				
Street Address 53 Long Entry Road			Street Address 53 Long Entry Road				
<sup>City</sup> Chepachet	State RI	Zip 02814	City Chepach	et	State RI	· -	<sup>Zip</sup> 02814
Secretary Name Kristina W. Tridenti			Treasurer Name Robert A. Tridenti				
Street Address 53 Long Entry Road			Street Address 53 Long Entry Road				
<sup>City</sup> Chepachet	State RI	<sup>Zip</sup> 02814	City Chepach	net	State RI		<sup>Z<sub>1</sub>p</sup> 02814
8. List ALL directors (names and a Director Name Kristina W. Tridenti Street Address 53 Long Entry Road	Check the box to indicate an attachment Director Name  Street Address						
City Chepachet	State RI	Zip 02814	City		State		Zıp
Director Name		1 0.01.	Director Name				
Street Address			Street Address				
City	State	Zip	City		State		Zip
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			
		NUMBER OF SHARES 2000		CLASS/SERIES 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. Date

Name of Authorized Representative

Robert A, Tridenti

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

FORM 630 - Revised: 08/2020