



RI SOS Filing Number: 202191265480 Date: 2/10/2021 4:00:00 PM

State of Rhode Island

## Department of State - Business Services Division

FILED

FEB 10 2021

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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 521777		2. Exact name of the Corporation TEBO ELECTRIC, INC.			
3. Principal Office Address 4 HURTEAU ROAD			City MILLVILLE	State MA	Zip 01529
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island PROVIDE ELECTRICAL SERVICES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name KEITH THIBEAULT			Vice-President Name KEITH THIBEAULT		
Street Address 4 HURTEAU ROAD			Street Address 4 HURTEAU ROAD		
City MILLVILLE	State MA	Zip 01529	City MILLVILLE	State MA	Zip 01529
Secretary Name KEITH THIBEAULT			Treasurer Name KEITH THIBEAULT		
Street Address 4 HURTEAU ROAD			Street Address 4 HURTEAU ROAD		
City MILLVILLE	State MA	Zip 01529	City MILLVILLE	State MA	Zip 01529
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name KEITH THIBEAULT			Director Name		
Street Address 4 HURTEAU ROAD			Street Address		
City MILLVILLE	State MA	Zip 01529	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			100	COMMON	.01
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 KEITH THIBEAULT					Date 2/10/21
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

FORM 630 - Revised: 08/2020