



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

FILED

FEB 17 2021

STAMP

BY 22570

1. Entity ID Number 8340		2. Exact name of the Corporation Mastro Electric Supply Co., Inc.			
3. Principal Office Address 555 Elmwood Avenue		City Providence		State RI	Zip 02907
4. NAICS Code 423610	6. Brief description of the character of business conducted in Rhode Island wholesale and retail sale of electric supplies				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Vincent A. Mastrostefano			Vice-President Name Anthony A. Mastrostefano		
Street Address 555 Elmwood Avenue			Street Address 555 Elmwood Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Anthony A. Mastrostefano			Treasurer Name Vincent A. Mastrostefano		
Street Address 555 Elmwood Avenue			Street Address 555 Elmwood Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 200	CLASS/SERIES Common	PAR VALUE No Par
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 Vincent A. Mastrostefano				Date 1/13/2021	
Signature of Authorized Representative <i>Vincent A. Mastrostefano</i>				SIGN DOCUMENT HERE	