



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** *2*STAMPBY 1356 FOR

1. Entity ID Number 39427		2. Exact name of the Corporation The Electric Connection T.E.C., 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 Electric goods and supplies												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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 <input type="checkbox"/>														
Director Name Vincent A. Mastrostefano			Director Name Anthony A. Mastrostefano											
Street Address same as above			Street Address same as above											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>common</td> <td>no par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	common	no par			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	common	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, President					Date 1/13/2021									
Signature of Authorized Representative <i>Vincent A. Mastrostefano</i>					SIGN DOCUMENT HERE									

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov