



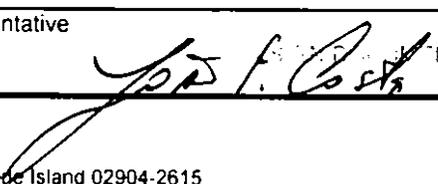
State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

FILED

**Annual Report for the year: 2021**  
**Corporation**

FEB 19 2021 STAMP  
 BY AOS

- 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 <b>001692517</b>		2. Exact name of the Corporation <b>J. Costa Electric, Inc</b>				
3. Principal Office Address <b>26 Ingraham Street</b>			City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	
4. NAICS Code <b>238210</b>		6. Brief description of the character of business conducted in Rhode Island <b>Electrician</b>				
5. State of Incorporation <b>Rhode Island</b>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <b>Joao F. Costa</b>			Vice-President Name			
Street Address <b>26 Ingraham Street</b>			Street Address			
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip	
Secretary Name <b>Joao F. Costa</b>			Treasurer Name <b>Joao F. Costa</b>			
Street Address <b>26 Ingraham Street</b>			Street Address <b>26 Ingraham Street</b>			
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name <b>Joao F. Costa</b>			Director Name			
Street Address <b>26 Ingraham Street</b>			Street Address			
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		<b>600</b>		<b>common</b>	<b>no par value</b>	
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.						
<b>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.</b>						
Name of Authorized Representative <b>Joao F. Costa</b>					Date <b>2-15-21</b>	
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