



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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2021 FEB 24 P 1:40

1. Entity ID Number 000130396		2. Exact name of the Corporation G. H. Electrical Service Co., INC			
3. Principal Office Address 781 Park St			City Attleboro	State MA	Zip 02703
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island electrical contractor to perform the installation of new electrical work and/ or make electrical repairs to existing electrical			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John R Beaton			Vice-President Name		
Street Address 14 Joanna Dr			Street Address		
City Foxboro	State MA	Zip 02035	City	State	Zip
Secretary Name George K Howarth			Treasurer Name George K Howarth		
Street Address 67 Slater St			Street Address 67 Slater St		
City Attleboro	State MA	Zip 02703	City Attleboro	State MA	Zip 02703
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John R Beaton			Director Name		
Street Address 14 Joanna Dr			Street Address		
City Foxboro	State MA	Zip 02035	City	State	Zip
Director Name George K Howarth			Director Name		
Street Address 67 Slater St			Street Address		
City Attleboro	State MA	Zip 02703	City	State	Zip
9. Shares Authorized <u>20,000</u>		10. Shares Issued <u>600</u> 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	
		20,000	CNP	0	
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 George K Howarth				Date 1-19-2021	
Signature of Authorized Representative 					

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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 FEB 24 2021
 BY PPYAN

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