



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 26 2021

RY 459602

1 Entity ID Number <b>000137480</b>		2 Exact name of the Corporation <b>GS ROY ELECTRICAL SERVICES INC</b>			
3 Principal Office Address <b>33 SETTLERS LANDING</b>			City <b>WESTERLY</b>		State <b>RI</b>
4 NAICS Code <b>238210</b>			6. Brief description of the character of business conducted in Rhode Island <b>ELECTRICAL CONSTRUCTION</b>		
5 State of Incorporation <b>RI</b>					
7 List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>GREGORY S. ROY</b>			Vice-President Name <b>GREGORY S. ROY</b>		
Street Address <b>232 WYASSUP ROAD</b>			Street Address <b>232 WYASSUP ROAD</b>		
City <b>N. STONINGTON</b>	State <b>CT</b>	Zip <b>06359</b>	City <b>N. STONINGTON</b>	State <b>CT</b>	Zip <b>06359</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8 List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>GREGORY S. ROY</b>			Director Name		
Street Address <b>232 WYASSUP ROAD</b>			Street Address		
City <b>N. STONINGTON</b>	State <b>CT</b>	Zip <b>06359</b>	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		
			PAR VALUE		
			NO PAR VALUE		
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>GREGORY S. ROY</b>					Date <b>2/23/2021</b>
Signature of Authorized Representative 					

## MAIL TO:

Division of Business Services

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