RI SOS Filing Number: 202193481220 Date: 3/1/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
MAR 01 2021
BY

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.

1. Entity ID Number	2. Exact name of the Corporation		
0034972	Shamrock Electric, inc.		
Principal Office Address	City	State	Zip
800 Aquidneck Ave.	Middletown	RI	02842
4. NAICS Code: 238210	6. Brief description of the character of business conducted in Rhode Island: Electrical Contractor		
5. State of Incorporation: Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Gerald C. Borges			Vice-President Name: Gerald C. Borges		
Street Address: 800 Aquidneck Ave			Street Address: 800 Aquidneck Ave.		
City: Middletown	State: RI	Zip: 02842	City: Middletown	State: RI	Zip: 02842
Secretary Name: Gerald C. Borges			Treasurer Name: Gerald C. Borges		
Street Address: 800 Aquidneck Ave.			Street Address: 800 Aquidneck Ave		
City: Middletown	State: RI	Zip: 02842	City: Middletown	State: RI	Zip: 02842

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: None			Director Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: None			Director Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

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	CLASS/SERIES	PAR VALUE
9,000		no

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	Date
Gerald C. Borges	2/25/2021

Signature of Authorized Representative: Gerald C Borges

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

FORM 630 - Revised: 08/2020