



State of Rhode Island

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  
STAMP  
MAR 05 2021  
BY 1522 DS

1. Entity ID Number 000023759		2. Exact name of the Corporation EBI ELECTRONICS, INC.			
3. Principal Office Address 50 LINDEN ROAD			City SEEKONK	State MA	Zip 02771
4. NAICS Code 443142		6. Brief description of the character of business conducted in Rhode Island SALES AND SERVICE OF ELECTRONIC EQUIPMENT			
5. State of Incorporation NEW HAMPSHIRE					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name RALPH A REHBEIN			Vice-President Name RALPH A REHBEIN		
Street Address 50 LINDEN ROAD			Street Address 50 LINDEN ROAD		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
Secretary Name ROBERT R HOWARD III			Treasurer Name RALPH A REHBEIN		
Street Address PO BOX 900			Street Address 50 LINDEN ROAD		
City HENNIKER	State NH	Zip 03242	City SEEKONK	State MA	Zip 02771
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name RALPH A REHBEIN			Director Name NONE		
Street Address 50 LINDEN ROAD			Street Address		
City SEEKONK	State MA	Zip 02771	City	State	Zip
Director Name NONE			Director Name NONE		
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		
			29,293		
			CWP		
			\$0.50		
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 RALPH A REHBEIN				Date 2/27/21	
Signature of Authorized Representative <i>Ralph Rehbein</i>					