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State of Rhode Island

Department of State - Business Services Division

FILED
MAR 05 2021
BY 2843

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			
000116033	Tafuri Electric, Inc.			
3. Principal Office Address		City	State	Zip
328 Cowesett Avenue Suite One		West Warwick	RI	02893
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238210	General, Commercial, Residential Electrical, Contracting Services.			
5. State of Incorporation				
Rhode Island				

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

President Name: John L. Tafuri			Vice-President Name: John L. Tafuri		
Street Address: P.O. Box 252			Street Address: P.O. Box 252		
City: East Greenwich	State: RI	Zip: 02818	City: East Greenwich	State: RI	Zip: 02818
Secretary Name: John L. Tafuri			Treasurer Name: John J. Tafuri		
Street Address: P.O. Box 252			Street Address: P.O. Box 252		
City: East Greenwich	State: RI	Zip: 02818	City: East Greenwich	State: RI	Zip: 02818

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

Director Name: John L. Tafuri			Director Name		
Street Address: P.O. Box 252			Street Address		
City: East Greenwich	State: RI	Zip: 02818	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100		

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
John L. Tafuri	2/27/2021

Signature of Authorized Representative: John L. Tafuri

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