



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

STAMP  
**FILED**  
 MAR 25 2021  
 BY 2507 DS

1. Corporate ID No. <b>000877712</b>		2. Name of Corporation <b>Northern Electric Company</b>				BY <u>2507 DS</u>	
3. Street Address Principal Business Office <b>1796 Round Top Road</b>				City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>	
4. NAICS Code <b>23820</b>		5. State of Incorporation <b>Rhode Island</b>					
6. Brief Description of the Character of Business Conducted in Rhode Island <b>To provide electrician services</b>							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name <b>Robert A. Lombardi</b>			Vice President Name				
Street Address <b>1796 Round Top Road</b>			Street Address				
City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>	City	State	Zip		
Secretary Name <b>Robert A. Lombardi</b>			Treasurer Name <b>Robert A. Lombardi</b>				
Street Address <b>1796 Round Top Road</b>			Street Address <b>1796 Round Top Road</b>				
City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>	City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES - THIS SECTION <b>MUST</b> BE COMPLETED				
			Number of Shares	Class/Series	Par Value		
			<b>100 shares of no par value</b>				

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.

Robert Lombardi  
 Signature

3/21/2021  
 Date

**Robert A. Lombardi**

Print or Type Name

**President**

Title

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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