

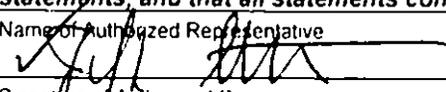
State of Rhode Island  
Department of State - Business Services Division

**FILED**

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.

JUN 04 2021  
BY 3057  
DS

1. Entity ID Number 000140682		2. Exact name of the Corporation BOTELHO ELECTRIC, INC.			
3. Principal Office Address 180 ROGER WILLIAMS AVE			City EAST PROVIDENCE	State RI	Zip 02916
4. NAICS Code 235310		6. Brief description of the character of business conducted in Rhode Island ELECTRICAL CONTRACTOR			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					<input type="checkbox"/>
President Name JOSEPH BOTELHO			Vice-President Name		
Street Address 178 ROGER WILLIAMS AVE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02916	City	State	Zip
Secretary Name JOSEPH BOTELHO			Treasurer Name JOSEPH BOTELHO		
Street Address 178 ROGER WILLIAMS AVE			Street Address 178 ROGER WILLIAMS AVE		
City EAST PROVIDENCE	State RI	Zip 02916	City EAST PROVIDENCE	State RI	Zip 02916
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					<input type="checkbox"/>
Director Name JOSEPH BOTELHO			Director Name		
Street Address 178 ROGER WILLIAMS AVE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02916	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</span>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIALS	PAR VALUE
		100		COMMON	0
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 					Date 5/23/21
Signature of Authorized Representative JOSEPH BOTELHO					

**MAIL TO:**

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