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.

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1. Entity ID Number	2. Exact name of the Corporation
001668494	Ostrow Electrical Co.

3. Principal Office Address	City	State	Zip
9 MASON Street	WORCESTER	MA	01609

4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238210	Electrical Construction Contractor
5 State of Incorporation: MA	

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

President Name	Vice-President Name
MATthew L. Ostrow	Robert Gianfrancesco
Street Address: 15 Birchwood Street	Street Address: 475 Greeville Road
City: Worcester; State: MA; Zip: 01609	City: North Smithfield; State: RI; Zip: 02896
Secretary Name	**Treasurer Name**
Philip Q. Ostrow	MATthew L. Ostrow
Street Address: 30 Suomi Street	Street Address: 15 Birchwood Street
City: Paxton; State: MA; Zip: 01612	City: Worcester; State: MA; Zip: 01609

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

Director Name	Director Name
MATthew L. Ostrow	
Street Address: 15 Birchwood Street	Street Address:
City: Worcester; State: MA; Zip: 01609	City: ; State: ; Zip:
Director Name	**Director Name**
Philip Q. Ostrow	Jonathan S. Ostrow
Street Address: 30 Suomi Street	Street Address: 200 Lovell Street
City: Paxton; State: MA; Zip: 01612	City: Worcester; State: MA; Zip: 01603

9. Shares Authorized 10,000	10. Shares Issued 9473 — 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.	10,000	Common	none

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
MATthew L. Ostrow	8/9/21

Signature of Authorized Representative: MATthew L Ostrow

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

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FORM 630 - Revised: 08/2020