



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2021  
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

SEP 16 2021

6410

STAMP

FOR  
SECRETARY OF STATE  
USE ONLY

|                                                                                                                                                                                                             |  |                                                                                                       |  |                  |                         |             |                  |              |  |     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|--|------------------|-------------------------|-------------|------------------|--------------|--|-----|--|
| 1. Entity ID Number<br>139783                                                                                                                                                                               |  | 2. Exact name of the Limited Liability Company<br>N.G.B. ELECTRIC, LLC                                |  |                  |                         |             |                  |              |  |     |  |
| 3. NAICS Code<br>238210                                                                                                                                                                                     |  | 4. Brief description of the character of business conducted in Rhode Island<br>Electrical contractor. |  |                  |                         |             |                  |              |  |     |  |
| 5. State of Formation<br>RI                                                                                                                                                                                 |  |                                                                                                       |  |                  |                         |             |                  |              |  |     |  |
| 6. Principal Office Address<br>40 North K Street                                                                                                                                                            |  |                                                                                                       |  | City<br>Johnston |                         | State<br>RI |                  | Zip<br>02919 |  |     |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |  |                                                                                                       |  |                  |                         |             |                  |              |  |     |  |
| Contact Name<br>Gregory T. Hunt                                                                                                                                                                             |  |                                                                                                       |  |                  | Contact Title<br>Member |             |                  |              |  |     |  |
| Street Address<br>40 North K Street                                                                                                                                                                         |  |                                                                                                       |  | City<br>Johnston |                         | State<br>RI |                  | Zip<br>02919 |  |     |  |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |  |                                                                                                       |  |                  |                         |             |                  |              |  |     |  |
| Manager Name                                                                                                                                                                                                |  |                                                                                                       |  | Manager Name     |                         |             |                  |              |  |     |  |
| Street Address                                                                                                                                                                                              |  |                                                                                                       |  | Street Address   |                         |             |                  |              |  |     |  |
| City                                                                                                                                                                                                        |  | State                                                                                                 |  | Zip              |                         | City        |                  | State        |  | Zip |  |
| Manager Name                                                                                                                                                                                                |  |                                                                                                       |  | Manager Name     |                         |             |                  |              |  |     |  |
| Street Address                                                                                                                                                                                              |  |                                                                                                       |  | Street Address   |                         |             |                  |              |  |     |  |
| City                                                                                                                                                                                                        |  | State                                                                                                 |  | Zip              |                         | City        |                  | State        |  | Zip |  |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |  |                                                                                                       |  |                  |                         |             |                  |              |  |     |  |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                         |  |                                                                                                       |  |                  |                         |             |                  |              |  |     |  |
| <i>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.</i> |  |                                                                                                       |  |                  |                         |             |                  |              |  |     |  |
| Name of Authorized Person<br>Gregory T. Hunt                                                                                                                                                                |  |                                                                                                       |  |                  |                         |             | Date<br>9/7/2021 |              |  |     |  |
| Signature of Authorized Person<br>✓ <i>Gregory T. Hunt</i>                                                                                                                                                  |  |                                                                                                       |  |                  |                         |             |                  |              |  |     |  |

MAIL TO:

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