RI SOS Filing	Date: 10/	/4/2021 12:28:0	00 PM					
State of Rhode Island								
Department of Stat	te - Business	s Services Di	vision					
annual Report for the year			RIN	M. j				
Sorporation ————————————————————————————————————					0.7. 00 8778	Prosed		
→ Filing period: January 1 - March 1 → Filing Fee: \$50.00					28210	SVUS DIN	¢.	
→ Penalty: Additional \$25.00 fe			" OCT	SVUS DINTE	•			
Entity ID Number	2. Exact name of	the Corporation		<u> </u>	_	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
20166536 Principal Office Address	Arru	da Ele	ctric	inc.				
46 High Hill	Rd		6War	Isea	State	Zip 7	דרו	
NAICS Code	Brief description	on of the character	of business of	conducted in Rhode	Island			
<u> </u>	of Incorporation Electrical Contractor							
State of Incorporation			x 10°C					
. List ALL officers (names and addr	esses)				k the box to in	dicate an attach	ıment 🗆	
resident Name JOSEDH K	truda		Vice-Presiden	t Name \	7 Am	rida		
treet Address 46 High t	till Rd		Street Addres		anth	ill Rd		
Swansea	State MP	2ip 02777	CITY	MXL	0 State	Z ₁₀ 2	777	
ecretary Name			Treasurer Name \ \ \CeOh \ Am \ da					
treet Address Life High Hill Rd			Street Address / / / / / / / / / / / / / / / / / /					
ity = 2 High	State		Cata	46 Hil	1 h + ti	11 120		
Swangea	MA	82777	CitySWW	1x6-	State	- [62]	<u> </u>	
irector Name	Director Name	· 1		dicate an attach	ıment 🔲			
treet Address Vicinity of the Address			Joseph Amida					
26 Hightill Rol			Street Address (Q High-Hill Rd					
Swarsca	State NUT	ซี่นาาา	CHYSWA	nxa	State	- ^z ₀ -2-	777	
irector Name USEDN Amuda			Director Name JOSE Dh Amida					
treet Address 44 High Hill Rd			Street Address	ye H	iglite	11/1201		
"Swansea	State	3277	City	nga	Simp	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	η	
Shares Authorized his information is currently of record	in the	10. Shares Issue		Chec		dicate an attach		
epartment of State.		100	<u> </u>	CLASSISLA	<u>, </u>	LWU ANTOE		
hanges require an additional filing.	ı	_ 100_		(N+	,			
 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 ustee, this report must be executed on behalf of the corporation by the receiver or trustee. 								
Inder penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and tatements, and that all statements contained herein are true and correct.								
tatements, and that all statement ame of Authorized Representative	s contained her	<u>ein are true and c</u>	correct.	- -	Date	- -		
Joseph Ar	nuda_				1	29/202	- \	
ignature of Authorized Representat	ive			FILED	17:20	~	•	
AIL TO:								
			110					

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos ri.gov

OCT 04 2021 BY PRSAZ