



Annual Report for the year: 2020 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED STATE
 RI DEPT OF STATE
 BUS SVCS DIV
 2021 OCT 15 PM 1:11

1. Entity ID Number 42528		2. Exact name of the Corporation Ryan Electric Construction			
3. Principal Office Address 100 Minnesota Avenue		City Warwick		State RI	Zip 02888
4. NAICS Code 231110		6. Brief description of the character of business conducted in Rhode Island Electrical Contracting			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Laurence E. Ryan, Jr.		Vice-President Name Norma L. Ryan			
Street Address 100 Minnesota Avenue		Street Address 100 Minnesota Avenue			
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Norma L. Ryan		Treasurer Name Laurence E. Ryan, Jr.			
Street Address 100 Minnesota Avenue		Street Address 100 Minnesota Avenue			
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		500		Common	No Par
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 Laurence E. Ryan, Jr.					Date 9-21-21
Signature of Authorized Representative 					FILED

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

OCT 15 2021
 BY 111