



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP
FOR SECRETARY OF STATE USE ONLY
MAR 14 2022
By 0154 JS

1. Entity ID Number 120459		2. Exact name of the Corporation Glynn Electric, Inc.			
3. Principal Office Address 40 Comstock Parkway, Suite 4			City Cranston	State RI	Zip 02921
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Electrical contracting			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Vito Rubino			Vice-President Name		
Street Address 40 Comstock Parkway, Suite 4			Street Address 40 Comstock Parkway, Suite 4		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name John Lane			Treasurer Name John Lane		
Street Address 40 Comstock Parkway, Suite 4			Street Address 40 Comstock Parkway, Suite 4		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Matthew Glynn			Director Name Karen Glynn		
Street Address 40 Comstock Parkway, Suite 4			Street Address 40 Comstock Parkway, Suite 4		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
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		
			15,000 common no par value		
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.					
<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 Representative JOHN LANE, TREASURER				Date 2/2/22	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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