	State of Rhode Isl	and Fee: \$50
	Office of the Secretary	100 400
	Division Of Business Se	
	148 W. River Stree Providence RI 02904-	
HOPE	(401) 222-3040	2013
Limited Liabilit		
Annual Report		
Filing Period: Febru	iary 1 - May 1	
	R.I.G.L. 7-16-66(d), each limited liability compar	
	port within thirty (30) days after the time prescribe ect to a penalty fee of \$25.00.	ed by law (R.I.G.L. 7-
ANNUAL REPOR	TYEAR: <u>2022</u>	
1. ID No. <u>000</u>	0887529	
2. Exact Name c	f the Limited Liability Company $\underline{\mathrm{ABM}\:\mathrm{ELE}}$	CTRICAL POWER SERVICES, LLC
3. State of Form	ation	
State: <u>DE</u>		
	ARTICLE III	
	NAICS Code that best describes the primary busers. More information on <u>NAICS</u> can be found on	
<u>541380</u>		
4. Brief Descripti	on of the Character of the Business Which is	Actually Conducted in Rhode Island
	ESTING SERVICES	
ELECTRICAL	ESTING SERVICES	
5. Principal Offic	e Address	
	14141 SOUTHWEST FREEWAY	
	SUITE 477 SUGAR LAND State: '	TV 7 77478 4630 Country: USA
City or Town:	SUGAR LAND State: '	<u>TX</u> Zip: <u>77478-4630</u> Country: <u>USA</u>
6. Mailing Addre	ss of Limited Liability Company and Name of	r Title of Contact Person:
Contact Name:		
	<u>4141 SOUTHWEST FREEWAY</u> JUITE 477	
		TX Zip: 77478-4630 Country: US
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11		
CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914		
1		

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 19 Day of April, 2022 at 10:13:45 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>MICHELLE DONATO</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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