RI SOS Filing Number: 202327090850 Date: 1/31/2023 4:00:00 PM State of Rhode Island **Department of State - Business Services Division** FILED : Annual Report for the year: 2023 Corporation → Filing period: February 1 - May 1 → Filing Fee. \$50.00 -> Penalty: Additional \$25.00 fee if form is not filed by May 31. 1. Entity ID Number 2. Exact name of the Corporation 8551 DUFF ELECTRIC CORP. 3. Principal Office Address State Zıp 90 Douglas Pike, 2nd Floor Smithfield RΙ 02917 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 238210 Electrical contractor State of Incorporation 7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name Antonio Cipolla Vice-President Name Giovanni Cipolla Street Address 90 Douglas Pike, 2nd Floor Street Address 90 Douglas Pike, 2nd Floor State RI <sup>City</sup> Smithfield State RI <sup>Zip</sup>02917 <sup>City</sup> Smithfield <sup>Zip</sup>02917 Secretary Name Antonio Cipolla Treasurer Name Antonio Cipolla Street Address 90 Douglas Pike, 2nd Floor Street Address 90 Douglas Pike, 2nd Floor State RI State RI City Smithfield <sup>Zip</sup>02917 City Smithfield <del>Zip</del>02917 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Giovanni Cipolla Director Name Antonio Cipolla Street Address 90 Douglas Pike, 2nd Floor Street Address 90 Douglas Pike, 2nd Floor City Smithfield <del>Ζιρ</del>02917 State City Smithfield RI 02917 Director Name None Director Name None Street Address Street Address City State City Zıp 9. Shares Authorized 10 Shares Issued Check the box to indicate an attachment This information is currently of record in the NUMBER OF SHARES Department of State. 30 Common No Par Value Changes require an additional filing. 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.

MAIL TO:

**Division of Business Services** 

Name of Authorized Representative

Signature of Authorized Representative

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

Antonio Cipolla

1-15-23