RI SOS Filing Number: 202327270720 Date: 2/1/2023 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year:	2023
Corporation	

→ Filing period: February 1 - May 1

FEB 01 2023

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

<u>*</u>								
1. Entity ID Number		2. Exact name of the Corporation						
821342	Robert's	Electric, Inc.	·					
3. Principal Office Address 141 Power Road, Suite 108			City Pawtuck	cet	State RI	^{Zip} 02860		
4. NAICS Code 238210 5. State of Incorporation		6. Brief description of the character of business conducted in Rhode Island ELECTRICAL CONTRACTING						
Rhode Island								
7. List ALL officers (names and	d addresses)			Che	eck the box to in	dicate an attachment 🔲		
President Name Mark Petit			Vice-President Name Vacant					
Street Address 141 Power Road, Suite 108			Street Address					
^{City} Pawtucket	State RI	^{Zip} 02860	City		State	Zip		
Secretary Name Kelly Ann Gavigan-Petit			Treasurer Name Kelly Ann Gavigan-Petit					
Street Address 141 Power Road, Suite 108		Street Address 141 Power Road, Suite 108						
^{City} Pawtucket	State RI	^{Zip} 02860	City Pawtucket		State RI	^{Zip} 02860		
8. List ALL directors (names a	nd addresses)				eck the box to in	dicate an attachment 🔲		
Director Name Mark Petit		Director Name						
Street Address 141 Power Road, Suite 108			Street Address					
^{City} Pawtucket	State RI	^{Zip} 02860	City		State	Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Z ip	City		State	Zip		
9. Shares Authorized	<u> </u>	10. Shares Issue						
This information is currently of record in the		NUMBER OF	SHARES CLASS/SFRIE					
Changes require an additional t	filing.							
11. This report must be execu	ted on behalf of the	e corporation by an a	authorized repr	esentative. If the co	orporation is in t	ne hands of a receiver or		
trustee, this report must be ex Under penalty of perjury, I d	ecuted on behalf of	f the corporation by	the receiver or	trustee.				
statements, and that all stat	ements contained				Date			
Name of Authorized Representative MARK PETIT						1/23/2023		
Signature of Authorized Repre	esentative		· <u> </u>					
That D	6ats	<u> </u>						

MAIL TO:

Division of Business Services

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

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