



State of Rhode Island

Department of State - Business Services Division

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.

FILED

FEB 06 2023

BY 54408

RS

1. Entity ID Number 000331093		2. Exact name of the Corporation ELECTRONIC RISKS CONSULTANTS, INC.			
3. Principal Office Address 1208 US Highway 22 East, suite 4			City Phillipsburg	State NJ	Zip 08865
4. NAICS Code 811219	6. Brief description of the character of business conducted in Rhode Island Electronic Equipment Maintenance, Office Equipment Repair				
5. State of Incorporation New Jersey					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Avraam Zambas			Vice-President Name		
Street Address 301 CR 639			Street Address		
City Bloomsbury	State NJ	Zip 08804	City	State	Zip
Secretary Name			Treasurer Name Stathis N Zambas		
Street Address			Street Address 365 Liberty Road		
City	State	Zip	City Stewartsville	State NJ	Zip 08886
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES	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. 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 Stathis N Zambas				Date 02/01/23	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov