State of Rhode Isla	and		Date: 2/10/2023 4:0	0 <u>0:00 PM</u>			
Department of State - Business Services I 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.			Division —	FileD FEB 1 0 2023 BY			
1. Entity ID Number 63689		e of the Corporation ectric, Inc.	n				
Principal Office Address Heath Avenue			City Warwick	State RI	Zip 02888		
4. NAICS Code 221122 5. State of Incorporation RI		6. Brief description of the character of business conducted in Rhode Island Electric Systems					
7. List ALL officers (names a	and addresses)			Check the box to indic	ate an attachment		
President Name Donald Kowalski			Vice-President Name Elaina Kowalski				
Street Address 68 Heath Avenue			Street Address 68 Heath Avenue				
^{City} Warwick	State RI	^{Zip} 02888	^{City} Warwick	State RI	^{Zip} 02888		
Secretary Name Donald K	owalski		Treasurer Name Donald Kowalski				
Street Address 68 Heath	Avenue		Street Address 68 Heath Avenue				
City	State	17in	City	State	Izin		

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221122	Electric S	Electric Systems								
5. State of Incorporation										
RI										
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Street Address 68 Heath Avenue			Street Address 68 Heath Avenue							
^{City} Warwick	State RI	^{Zip} 02888	City Warwick		State RI	^{Zip} 02888				
8. List ALL directors (names	and addresses)	1	1	Che	ck the box to i	ndicate an attachment [
Director Name Donald Kowalski			Director Name Elaina Kowalski							
Street Address 68 Heath Avenue			Street Address 68 Heath Avenue							
^{City} Warwick	State RI	^{Zip} 02888	^{City} Warwick		State RI	^{Zip} 02888				
Director Name Gregory D.	Director Name Elaina Kowalski									
Street Address 68 Heath A	Street Address 68 Heath Avenue									
^{City} Warwick	State RI	^{Zip} 02888	City Warwi	ck	State RI	^{Zip} 02888				
9. Shares Authorized		10. Shares Issued			Check the box to indicate an attachment					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES PAR VALUE						
				Common		no par value				
11. This report must be exec			•		rporation is in t	the hands of a receiver o				
trustee, this report must be e Under penalty of perjury, I					companying s	chedules and				
statements, and that all sta	tements contained									
Name of Authorized Represe			Date	1/23						
(DNALO).	KOWALS.	<u>5' </u>			1	3/-3				
Signature of Authorized Bep	resentative									

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone**: (401) 222-3040

Website: www.sos.ri.gov