



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.

**STAMP**  
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R.I. DEPT. OF STATE  
BUS SVCS DIV  
FOR SECRETARY OF STATE  
USE ONLY

2023 FEB 10 P 1:17

1. Entity ID Number <b>488904</b>		2. Exact name of the Corporation <b>B. Baptista Electric Inc.</b>			
3. Principal Office Address <b>79 Ralco Way #4</b>			City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
4. NAICS Code <b>238210</b>		6. Brief description of the character of business conducted in Rhode Island <b>To provide electrical contracting services for residential, commercial, and industrial projects.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Benjamin B. Baptista</b>			Vice-President Name		
Street Address <b>79 Ralco Way #4</b>			Street Address		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Secretary Name <b>Benjamin B. Baptista</b>			Treasurer Name <b>Benjamin B. Baptista</b>		
Street Address <b>79 Ralco Way #4</b>			Street Address <b>79 Ralco Way #4</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
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		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/VALUES	
		PAR VALUE			
		<b>50</b>	<b>COMMON</b>	<b>NO PAR</b>	
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 <b>Benjamin B. Baptista, President</b>					Date <b>2-6-23</b>
Signature of Authorized Representative <i>Benjamin B. Baptista</i>					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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BY *[Signature]* 5043  
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