



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.

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

2023 FEB 10 P 1:17

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

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

FEB 10 2023
 BY *MT* 5043

JV

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