



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.

FEB 21 2023

305312

1. Entity ID Number 000000566		2. Exact name of the Corporation Aladdin Electric Co., Inc.			
3. Principal Office Address 1206 Hartford Avenue		City Johnston		State RI	Zip 02919
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island Electrical contractors			
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 Henry H. Kandzerski, Jr.			Vice-President Name		
Street Address 79 Gibson Hill Road			Street Address		
City Sterling	State CT	Zip 06377	City	State	Zip
Secretary Name Henry H. Kandzerski, Jr.			Treasurer Name Henry H. Kandzerski, Jr.		
Street Address 79 Gibson Hill Road			Street Address 79 Gibson Hill Road		
City Sterling	State CT	Zip 06377	City Sterling	State CT	Zip 06377
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Henry H. Kandzerski, Jr.			Director Name		
Street Address 79 Gibson Hill Road			Street Address		
City Sterling	State CT	Zip 06377	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/SERIES
			300		Common
			PAR VALUE		No 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 Henry H. Kandzerski, Jr.					Date 1-10-2023
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

FORM 630 - Revised: 2/2023