RI SOS Filing Number: 202331073450 Date: 3/17/2023 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

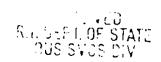
Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.



2023 HAR 17 AHH: 12

Entity ID Number		2. Exact name of the Corporation					
61778	AIRHART ELECTRIC, INC.						
Principal Office Address S85 READ SCHOOL HOUSE ROAD			COVENT	-D.V	State	Zip	
			COVENT		RI	02816	
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island					
5. State of Incorporation		INSTALLATION, REPAIR AND MAINTENANCE OF ELECTRICAL LINES, APPLIANCES, ETC., SALES OF ELECTRICAL SUPPLIES					
RI	APPLIAN	ALT LIANGES, ETO., SALES OF LELECTRICAL SUFFLIES					
7. List ALL officers (names and addresses) Check the box to indicate an att						ndicate an attachment 🔲	
President Name MICHAEL D. AIRHART			Vice-President Name MICHAEL D. AIRHART				
Stree: Address 585 READ SCHOOL HOUSE ROAD			Street Acdress 585 READ SCHOOL HOUSE ROAD				
^{City} COVENTRY	State RI	^{Zip} 02816	Cty COVENTRY		State Ri	^{Zip} 02816	
Secretary Name MICHAEL D. AIRHART			Treasurer Name MICHAEL D. AIRHART				
Street Address 585 READ SCHOOL HOUSE ROAD			Street Address 585 READ SCHOOL HOUSE ROAD				
^{Cily} COVENTRY	State RI	^{Zip} 02816	City COVENTRY		State RI		
8. List ALL directors (names and addresses) Check the box to indicate an attachment [
Director Name MICHAEL D. AIRHART			Director Name				
Street Address 585 READ SCHOOL HOUSE ROAD			Street Address				
City COVENTRY	State RI	^{Zıp} 02816	City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Ζ.ρ	
9. Shares Authorized		10. Shares Issu	neq	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:	ASSISERIES PAR VALUE		
		1000		COMMON		NO PAR	
Changes require an additional filin	ıg.	1					
11. This report must be executed	on pehalf of the	corporation by an a	uthorized repre	sentative. If the o	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.							
MICHAEL D. AIRHART			Date 3	14(23			
Signature of Authorized Represe	ntative		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 MAR 17 2023

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FORM 630 - Revised: 2/2023