



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 MAR 17 AM 11:12

1. Entity ID Number 61778		2. Exact name of the Corporation AIRHART ELECTRIC, INC.	
3. Principal Office Address 585 READ SCHOOL HOUSE ROAD		City COVENTRY	State RI
		Zip 02816	
4. NAICS Code 238210	6. Brief description of the character of business conducted in Rhode Island INSTALLATION, REPAIR AND MAINTENANCE OF ELECTRICAL LINES, APPLIANCES, ETC., SALES OF ELECTRICAL SUPPLIES		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name MICHAEL D. AIRHART		Vice-President Name MICHAEL D. AIRHART	
Street Address 585 READ SCHOOL HOUSE ROAD		Street Address 585 READ SCHOOL HOUSE ROAD	
City COVENTRY	State RI	City COVENTRY	State RI
Zip 02816		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	
City COVENTRY	State RI	City COVENTRY	State RI
Zip 02816		Zip 02816	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name MICHAEL D. AIRHART		Director Name	
Street Address 585 READ SCHOOL HOUSE ROAD		Street Address	
City COVENTRY	State RI	City	State
Zip 02816		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 1000	CLASS/SERIES COMMON
		PAR VALUE 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 MICHAEL D. AIRHART			Date 3/14/23
Signature of Authorized Representative 			

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
BY **103486**
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