



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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|--|--|---|------------------------|
| 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 | | 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 | |
| | | PAR VALUE | |
| | | 1000 | 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 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

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BY **103486**
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FORM 630 - Revised: 2/2023