



State of Rhode Island
 Department of State - Business Services Division

FILED
 MAR 17 2023
 BY 5778
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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.

1. Entity ID Number 103956		2. Exact name of the Corporation HUTCHINS ELECTRIC CORPORATION			
3. Principal Office Address 3399 SOUTH COUNTY TRAIL UNIT 6			City EAST GREENWICH	State RI	Zip 02818
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island ELECTRICAL CONTRACTING FOR RESIDENTIAL AND COMMERCIAL SITES.			
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 DAVID W. LINDSAY			Vice-President Name CANDACE H. LINDSAY		
Street Address 3399 SOUTH COUNTY TRAIL UNIT 6			Street Address 3399 SOUTH COUNTY TRAIL UNIT 6		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
Secretary Name DAVID W. LINDSAY			Treasurer Name DAVID W. LINDSAY		
Street Address 3399 SOUTH COUNTY TRAIL UNIT 6			Street Address 3399 SOUTH COUNTY TRAIL UNIT 6		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DAVID W. LINDSAY			Director Name		
Street Address 3399 SOUTH COUNTY TRAIL UNIT 6			Street Address		
City EAST GREENWICH	State RI	Zip 02818	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	PAR VALUE
			15	COMMON	NONE
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 DAVID W. LINDSAY, PRESIDENT					Date 3/8/23
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