



RI SOS Filing Number: 202332135120 Date: 3/30/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

MAR 30 2023

BY

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 25998		2. Exact name of the Corporation Worcester Electrical Associates Inc.			
3. Principal Office Address 10 Pommenville Street		City Pawtucket		State RI	Zip 02861
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island Electrical Contractor			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert W. Blanchette			Vice-President Name		
Street Address 10 Pommenville Street			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Secretary Name Robert W. Blanchette			Treasurer Name Robert W. Blanchette		
Street Address 10 Pommenville Street			Street Address 10 Pommenville Street		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert H. Blanchette			Director Name Robert W. Blanchette		
Street Address 16713 Golfview Drive			Street Address 10 Pommenville Street		
City Weston	State FL	Zip 33326	City Pawtucket	State RI	Zip 02861
Director Name Mary M. Blanchette			Director Name		
Street Address 16713 Golfview Drive			Street Address		
City Weston	State FL	Zip 33326	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
		2269		Preferred	100.00
		12500		Common	Without 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 Robert W. Blanchette				Date 3/27/23	
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

FORM 630 - Revised: 11/2021