



State of Rhode Island

Department of State - Business Services Division

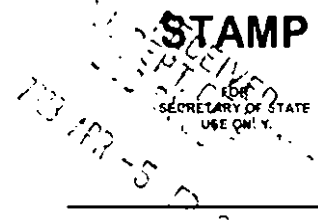
Annual Report for the year: **2023**

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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



1. Entity ID Number 000877712		2. Exact name of the Corporation Northern Electric Company			
3. Principal Office Address 1796 Round Top Road			City Harrisville	State RI	Zip 02830
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island To provide electrician services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert A. Lombardi			Vice-President Name		
Street Address 1796 Round Top Road			Street Address		
City Harrisville	State RI	Zip 02830	City	State	Zip
Secretary Name Robert A. Lombardi			Treasurer Name Robert A. Lombardi		
Street Address 1796 Round Top Road			Street Address 1796 Round Top Road		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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		
			100 Common Shares with 0 Par Value		
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 A. Lombardi				Date 3-22-2023	
Signature of Authorized Representative 					

FILED 208

APR 05 2023

B: JF84Y