



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.

STAMP
 RECEIVED
 SECRETARY OF STATE
 USE ONLY
 APR 5 2023

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 <i>Robert A. Lombardi</i>						

FILED 208

APR 05 2023

B: JF84Y

MAIL TO:
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