



State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2023 APR 17 PM 1:22

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 000081330		2. Exact name of the Corporation Eastland Electric, Inc.			
3. Principal Office Address 35 Moshassuck Road			City Lincoln	State RI	Zip 02865
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island Installation and repair of electrical wiring and fixtures in residential and commercial buildings			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas P. Miller			Vice-President Name Fatima C. Miller		
Street Address 20 Mayflower Drive			Street Address 20 Mayflower Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Fatima C. Miller			Treasurer Name Fatima C. Miller		
Street Address 20 Mayflower Drive			Street Address 20 Mayflower Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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
		1000		CNP	0.00
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 Thomas P. Miller or Fatima C. Miller					Date 4/6/23
Signature of Authorized Representative 					

FILED

APR 17 2023
BY 30693
AA 1:22 pm.

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov