



State of Rhode Island  
 Department of State - Business Services Division

STAMP

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.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

1. Entity ID Number <u>424 356</u>		2. Exact name of the Corporation <u>H&amp;R Electric Contractor Inc</u>			2023 JUL 13 P 2:09	
3. Principal Office Address <u>69 W. Greenville Rd</u>			City <u>Greenville</u>	State <u>RT</u>	Zip <u>02828</u>	
4. NAICS Code <u>238210</u>		6. Brief description of the character of business conducted in Rhode Island <u>Electric Contractor</u>				
5. State of Incorporation <u>RT</u>						
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>						
President Name <u>Henrique M Dalomba</u>			Vice-President Name <u>Same</u>			
Street Address <u>69 W. Greenville Rd</u>			Street Address			
City <u>Greenville</u>	State <u>RT</u>	Zip <u>02828</u>	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>						
Director Name			Director Name <u>Same</u>			
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 <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
			<u>300</u>			<u>0</u>
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. <b>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.</b>						
Name of Authorized Representative <u>HENRIQUE M DALOMBA</u>					Date <u>7-13-23</u>	
Signature of Authorized Representative <u>Henrique M Dalomba</u>					FILED	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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 BY ML ZGC3G