



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

2019

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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

1. Entity ID Number 000796002		2. Exact name of the Corporation ELECTRICIANS R US RI, INC.		2023 DEC -7 P 2:47	
3. Principal Office Address 80 Dean St Unit #3		City Pawtucket		State RI	Zip 02861
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island RESIDENTIAL AND COMMERCIAL ELECTRICAL WORK Title: 7-1.2-1701			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David P. Rodrigues			Vice-President Name		
Street Address 106 Touisset Rd			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			1500		250.00
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 David P. Rodrigues				Date 12/07/2023	
Signature of Authorized Representative David P. Rodrigues					

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

DEC 07 2023

BY ML

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FORM 630- Revised: 04/2023

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