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**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2022

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 001697745		2. Exact name of the Corporation LR electrical services corporation			
3. Principal Office Address 554 EAST MAIN ROAD			City MIDDLETOWN	State RI	Zip 02842
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island ELECTRICAL 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 THIAGO R. ALVES			Vice-President Name		
Street Address 554 EAST MAIN ROAD			Street Address		
City MIDDLETOWN	State RI	Zip 02842	City	State	Zip
Secretary Name THIAGO R. ALVES			Treasurer Name FERNANDA P FERREIRA		
Street Address 554 EAST MAIN ROAD			Street Address 554 EAST MAIN ROAD		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name THIAGO R. ALVES			Director Name FERNANDA P FERREIRA		
Street Address 554 EAST MAIN ROAD			Street Address 554 EAST MAIN ROAD		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
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
		2		CNP	12.00
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 THIAGO R ALVES				Date 01/11/2024	
Signature of Authorized Representative <i>Thiago R. Alves</i>				Date JAN 16 2024	

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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