



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED AMF

FEB 06 2024

BY *[Signature]* 19012

1. Entity ID Number 000038166		2. Exact name of the Corporation M.A. ROSSO ELECTRIC, INC.			
3. Principal Office Address 13 Pierce Street			City Ashaway	State RI	Zip 02804
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island electrical contracting			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael A. Rosso			Vice-President Name Michael A. Rosso		
Street Address 13 Pierce Street			Street Address 13 Pierce Street		
City Ashaway	State RI	Zip 02804	City Ashaway	State RI	Zip 02804
Secretary Name Michael A. Rosso			Treasurer Name Brian M. Rosso		
Street Address 13 Pierce Street			Street Address 13 Pierce Street		
City Ashaway	State RI	Zip 02804	City Ashaway	State RI	Zip 02804
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael A. Rosso			Director Name		
Street Address 13 Pierce Street			Street Address		
City Ashaway	State RI	Zip 02804	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		
			100	Common	no par
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 <i>[Signature]</i>					Date 2/1/24
Signature of Authorized Representative					

MAIL TO:
Division of Business Services
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