



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 STAMP

FEB 09 2024

BY

10435
OS

1. Entity ID Number 64027		2. Exact name of the Corporation FERREIRA ELECTRIC INC.												
3. Principal Office Address 1236 Hope Street			City Bristol	State RI	Zip 02809									
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island Electric Contracting												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Justin Ferreira			Vice-President Name Justin Ferreira											
Street Address 3 Almy Avenue			Street Address 3 Almy Avenue											
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885									
Secretary Name Justin Ferreira			Treasurer Name Justin Ferreira											
Street Address 3 Almy Avenue			Street Address 3 Almy Avenue											
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Justin Ferreira			Director Name None											
Street Address 3 Almy Avenue			Street Address											
City Warren	State RI	Zip 02885	City	State	Zip									
Director Name None			Director Name None											
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
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100	Common	No Par Value												
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 Justin Ferreira				Date 1/15/24										
Signature of Authorized Representative <i>Justin Ferreira</i>														