



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

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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		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>					

MAIL TO:
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