State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number	2. Exact name of the Corporation			
001692517	J. Costa Electric, inc.			
3. Principal Office Address		City	State	Zip
26 Ingraham Street		Cumberland	RI	02864
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238210	Electrician			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Joao F. Costa			Vice-President Name:		
Street Address: 26 Ingraham Street			Street Address:		
City: Cumberland	State: RI	Zip: 02864	City:	State:	Zip:
Secretary Name: Joao F. Costa			Treasurer Name: Joao F. Costa		
Street Address: 26 Ingraham Street			Street Address: 26 Ingraham Street		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Joao F. Costa			Director Name:		
Street Address: 26 Ingraham Street			Street Address:		
City: Cumberland	State: RI	Zip: 02864	City:	State:	Zip:
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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. **Changes require an additional filing.**	600	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	Date
Joao F. Costa	2-12-24

Signature of Authorized Representative: Joao F. Costa

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023