



State of Rhode Island
Department of State - Business Services Division

FEB 14 2024 STAMP
305 *[Signature]*
SECRETARY OF STATE
USE ONLY

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 001692517		2. Exact name of the Corporation J. Costa Electric, inc.			
3. Principal Office Address 26 Ingraham Street			City Cumberland	State RI	Zip 02864
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island Electrician			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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 <input type="checkbox"/>
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 <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		600		common	
				PAR VALUE	
				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 Joao F. Costa					Date 2-12-24
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
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