



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.

RECEIVED
FEB 16 PM 12:52:55
STATE OF RHODE ISLAND
STAMP

1. Entity ID Number 000006386		2. Exact name of the Corporation Devereaux Electric, Inc.			
3. Principal Office Address 840 Ten Rod Road			City North Kingstown	State RI	Zip 02852
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island INSTALLATION, REPLACEMENT, REPAIR OF ELECTRICAL SERVICE DEVICES AND ACCESSORIES			
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 Andrew Devereaux			Vice-President Name John H. Devereaux		
Street Address 6 Karen Drive			Street Address 33 Lisa Lane		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
Secretary Name Dianne M. Devereaux			Treasurer Name Dianne M. Devereaux		
Street Address 33 Lisa Lane			Street Address 33 Lisa Lane		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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		
			2000	Common	None
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 Andrew Devereaux					Date 1/18/24
Signature of Authorized Representative 					

MAIL TO:

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

FILED

FEB 16 2024
BY ML 14627