



State of Rhode Island
Department of State - Business Services Division

FILED

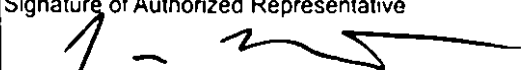
FEB 22 2024

BY 73059

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 001680527		2. Exact name of the Corporation J.L. ELECTRIC, INC.			
3. Principal Office Address 307 OLIPHANT LANE			City MIDDLETOWN	State RI	Zip 02842
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island ELECTRICAL CONTRACTOR			
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 JASON LEDSWORTH			Vice-President Name JASON LEDSWORTH		
Street Address 307 OLIPHANT LANE			Street Address 307 OLIPHANT LANE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Secretary Name JASON LEDSWORTH			Treasurer Name JASON LEDSWORTH		
Street Address 307 OLIPHANT LANE			Street Address 307 OLIPHANT LANE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JASON LEDSWORTH			Director Name N/A		
Street Address 307 OLIPHANT LANE			Street Address		
City MIDDLETOWN	State RI	Zip 02842	City	State	Zip
Director Name N/A			Director Name N/A		
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
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 JASON LEDSWORTH				Date 2/12/24	
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