



State of Rhode Island  
 Department of State - Business Services Division

**FILED**

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.

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 BY 2393 OS

1. Entity ID Number <b>521777</b>		2. Exact name of the Corporation <b>TEBO ELECTRIC, INC.</b>			
3. Principal Office Address <b>4 HURTEAU ROAD</b>			City <b>MILLVILLE</b>	State <b>MA</b>	Zip <b>01529</b>
4. NAICS Code <b>238210</b>		6. Brief description of the character of business conducted in Rhode Island <b>PROVIDE ELECTRICAL SERVICES</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>KEITH THIBEAULT</b>			Vice-President Name <b>KEITH THIBEAULT</b>		
Street Address <b>4 HURTEAU ROAD</b>			Street Address <b>4 HURTEAU ROAD</b>		
City <b>MILLVILLE</b>	State <b>MA</b>	Zip <b>01529</b>	City <b>MILLVILLE</b>	State <b>MA</b>	Zip <b>01529</b>
Secretary Name <b>KEITH THIBEAULT</b>			Treasurer Name <b>KEITH THIBEAULT</b>		
Street Address <b>4 HURTEAU ROAD</b>			Street Address <b>4 HURTEAU ROAD</b>		
City <b>MILLVILLE</b>	State <b>MA</b>	Zip <b>01529</b>	City <b>MILLVILLE</b>	State <b>MA</b>	Zip <b>01529</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>KEITH THIBEAULT</b>			Director Name		
Street Address <b>4 HURTEAU ROAD</b>			Street Address		
City <b>MILLVILLE</b>	State <b>MA</b>	Zip <b>01529</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.			10. Shares Issued		PAR VALUE
Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	
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.					
<b>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.</b>					
Name of Authorized Representative <b>KEITH THIBEAULT</b>					Date <b>3/1/24</b>
Signature of Authorized Representative 					

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