



**State of Rhode Island
Department of State - Business Services Division**

FILED TAMP

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.

MAR 13 2024 FOR SECRETARY OF STATE ONLY
BY [Signature]

1. Entity ID Number 54125		2. Exact name of the Corporation RIGHT VIEW ELECTRIC, INC.			
3. Principal Office Address P.O. BOX 14463			City EAST PROVIDENCE	State RI	Zip 02914
4. NAICS Code 23810		6. Brief description of the character of business conducted in Rhode Island ELECTRICAL CONTRACTOR			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROY M. RAPOSO			Vice-President Name ROY M. RAPOSO		
Street Address 462 FAIRVIEW AVENUE			Street Address 462 FAIRVIEW AVENUE		
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769
Secretary Name ROY M. RAPOSO			Treasurer Name		
Street Address 462 FAIRVIEW AVENUE			Street Address		
City REHOBOTH	State MA	Zip 02769	City	State	Zip
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/SERIFS	
		300		cnp	
				PAR VALUE	
				0	
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 ROY M. RAPOSO				Date 3/10/24	
Signature of Authorized Representative <u>[Signature: Roy M. Raposo]</u>					

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