



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

FILED

MAR 27 2024

BY *[Signature]*
OS

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 81968 | | 2. Exact name of the Corporation POINT JUDITH ELECTRONIC SERVICES, INC. | | | |
| 3. Principal Office Address 330 GREAT ISLAND ROAD | | | City NARRAGANSETT | State RI | Zip 02822 |
| 4. NAICS Code 443142 | | 6. Brief description of the character of business conducted in Rhode Island TO SELL AND REPAIR ELECTRONIC EQUIPMENT AND DEVICES | | | |
| 5. State of Incorporation RHODE ISLAND | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/> | | | | | |
| President Name BARRY BARRETT | | | Vice-President Name DAWN BARRETT | | |
| Street Address 36 GENTRY CIRCLE | | | Street Address 36 GENTRY CIRCLE | | |
| City EXETER | State RI | Zip 02822 | City EXETER | State RI | Zip 02822 |
| Secretary Name DAWN BARRETT | | | Treasurer Name BARRY BARRETT | | |
| Street Address 36 GENTRY CIRCLE | | | Street Address 36 GENTRY CIRCLE | | |
| City EXETER | State RI | Zip 02822 | City EXETER | State RI | Zip 02822 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name BARRY BARRETT | | | Director Name DAWN BARRETT | | |
| Street Address 36 GENTRY CIRCLE | | | Street Address 36 GENTRY CIRCLE | | |
| City EXETER | State RI | Zip 02822 | City EXETER | State RI | Zip 02822 |
| Director Name NONE | | | Director Name NONE | | |
| 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 | |
| | | NONE | | | |
| | | | | 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 BARRY BARRETT | | | | Date 03/23/2024 | |
| Signature of Authorized Representative <i>[Signature]</i> | | | | | |