



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.

FILED

APR 05 2024

BY 38958
DS

1. Entity ID Number 000038766		2. Exact name of the Corporation B.T. Electric Company, Inc.			
3. Principal Office Address 28 Shore Road		City Pascoag		State RI	Zip 02859
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island All business to electric contracting			
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 Kristina W. Tridenti			Vice-President Name Robert A. Tridenti		
Street Address 28 Shore Road			Street Address 28 Shore Road		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Secretary Name Kristina W. Tridenti			Treasurer Name Robert A. Tridenti		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kristina W. Tridenti			Director Name		
Street Address SAME			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 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.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES		PAR VALUE	
		2000	COMMON	\$1.00	
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 Robert A. Tridenti, Vice President				Date 03/01/2024	
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