



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 15 2024

BY

[Signature]

1. Entity ID Number 000505358		2. Exact name of the Corporation ELECTRICAL CONCEPTS, INC.			
3. Principal Office Address 3399 SOUTH COUNTY TRAIL		City EAST GREENWICH		State RI	Zip 02818
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island ELECTRICAL CONTRACTING - RESIDENTIAL & COMMERCIAL			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PETER H. RENZI			Vice-President Name SAME AS PRESIDENT		
Street Address 39 LANTERN LANE			Street Address		
City EXETER	State RI	Zip 02822	City	State	Zip
Secretary Name LORI A. RENZI			Treasurer Name SAME AS PRESIDENT		
Street Address 39 LANTERN LANE			Street Address		
City EXETER	State RI	Zip 02822	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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 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		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE \$.01	
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 PETER H. RENZI <i>[Signature]</i>					Date 4-2-24
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:

Division of Business Services

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