



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.

APR 08 2024

1364

1. Entity ID Number 000143160		2. Exact name of the Corporation Ellis Electric, Inc.			
3. Principal Office Address 825 Worden's Pond Road		City South Kingstown	State RI	Zip 02879	
4. NAICS Code 238210	6. Brief description of the character of business conducted in Rhode Island To engage in all aspects of electrical installation, repair and maintenance, both commercial and residential.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Steven Ellis			Vice-President Name Joseph Sorrentino, III		
Street Address 825 Worden's Pond Road			Street Address 189 Hunt Avenue		
City South Kingstown	State RI	Zip 02879	City Wakefield,	State RI	Zip 02879
Secretary Name Steven Ellis			Treasurer Name Steve Ellis		
Street Address 825 Worden's Pond Road			Street Address 825 Worden's Pond Road		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 Check the box to indicate an attachment ☐					
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 ☐					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
None					
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 Steven Ellis					Date X 3-30-24
Signature of Authorized Representative X					

MAINTO

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 Revised 12/2023