



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.

STAMP

FOR
SECRETARY OF STATE
USE ONLY

REC'D RI SOS B
24 APR 10 11:00 AM

1. Entity ID Number 000081330		2. Exact name of the Corporation Eastland Electric, Inc.	
3. Principal Office Address 35 Moshassuck Road		City Lincoln	State RI
		Zip 02865	
4. NAICS Code 238210	6. Brief description of the character of business conducted in Rhode Island Installation and repair of electrical wiring and fixtures in residential and commercial buildings		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Thomas P. Miller		Vice-President Name Fatima C. Miller	
Street Address 20 Mayflower Drive		Street Address 20 Mayflower Drive	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
Secretary Name Fatima C. Miller		Treasurer Name Fatima C. Miller	
Street Address 20 Mayflower Drive		Street Address 20 Mayflower Drive	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		1000	CNP
			0.00
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 Thomas P. Miller or Fatima C. Miller			Date 3-6-24
Signature of Authorized Representative <i>Fatima Miller</i>			

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov