



**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.

REC'D RID05 BS
24 APR 19 PM 1:42 '20

1. Entity ID Number <u>001765476</u>		2. Exact name of the Corporation <u>Niche Electric Corporation</u>	
3. Principal Office Address <u>40 Linwood Ave</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02909</u>	
4. NAICS Code <u>238210</u>	6. Brief description of the character of business conducted in Rhode Island <u>Electric work, Residential, Commercial fire alarm smoke detectors hard wire and electric repairs.</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Carlos Delgado</u>		Vice-President Name	
Street Address <u>40 Linwood</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
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	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized 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 <u>0</u>	CLASS/SERIES <u>0.10</u>
			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. <i>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.</i>			
Name of Authorized Representative <u>Carlos Delgado</u>		Date <u>4/19/2024</u>	
Signature of Authorized Representative <u>Carlos Delgado</u>		FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

APR 19 2024
BY SRNGR
KJ