



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
Corporation

2024

- 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 RIDGHS BSI  
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1. Entity ID Number 001765476		2. Exact name of the Corporation niche electric Corporation	
3. Principal Office Address 40 Linwood Ave		City Providence	State RI
Zip 02909			
4. NAICS Code 238210	6. Brief description of the character of business conducted in Rhode Island Electric work, Residential, Commercial fire alarm smoke detectors hard wire and electric repairs		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Carlos Delgado		Vice-President Name	
Street Address 40 Linwood		Street Address	
City Providence	State RI	Zip 02909	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
Changes require an additional filing.		NUMBER OF SHARES 0	
		CLASS/SERIES 0.10	
		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. 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 Carlos Delgado		Date 4/19/2024	
Signature of Authorized Representative Carlos Delgado		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

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BY 82NGR  
KJ

FORM 630- Revised. 12/2023