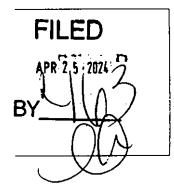


Annual Report for the year: 2024 Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee. \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number	2. Exact name of the Limited Liability Company			
001689277	STAFFORD ELECTRIC, DLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
541690	ELECTRICIAN			
5 State of Formation				
₹1				
6 Principal Office Address		City	State	Zip
18 ROBIN VALE DRIVE		NORTH SCITUATE	RI	02857-3011
7. Mailing Address of Limite	d Liability Company and Name or	Title of Contact Person		
Contact Name KENNETH P. STAFFORD		Contact Title MEMBER		
Street Address 18 ROBIN VALE DRIVE		City NORTH SCITUATE	State RI	Z ip 02857-3011
8. The Resident Agent infor	mation currently of record with the	RI Department of State is accura	e. Changes requ	ire filing Form 642.
	declare and affirm that I have e atements contained herein are t		any accompanyi	ing schedules and
Name of Authorized Person			Date	
KENNETH P. STAFFORD			03/23/24	
Signature of Authorized Per	son			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov