



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.

FILED
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APR 26 2024
BY 33911
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1. Entity ID Number 001732833		2. Exact name of the Corporation MTM-NE ELECTRIC COMPANY			
3. Principal Office Address 87 Kingstown Road		City Wyoming		State RI	Zip 02898
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island Electrical Contracting Services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul P. Mihailides			Vice-President Name Nelson C. Eugenio		
Street Address 87 Kingstown Road			Street Address 7 Leigh Lane		
City Wyoming	State RI	Zip 02898	City East Providence	State RI	Zip 02915
Secretary Name Paul P. Mihailides			Treasurer Name Paul P. Mihailides		
Street Address 87 Kingstown Road			Street Address 87 Kingstown Road		
City Wyoming	State RI	Zip 02898	City Wyoming	State RI	Zip 02898
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	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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	CLASS/SERIES	PAR VALUE	
		100	Common	No 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 Paul P. Mihailides, President					Date 4-12-24
Signature of Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov