

REC'D RI SOS ESD
24 APR 25 PM 3:22:57State 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.

1. Entity ID Number 000130396		2. Exact name of the Corporation G.H. Electrical Service Co., Inc.										
3. Principal Office Address 781 Park Street		City Attleboro	State MA Zip 02703									
4. NAICS Code 238210	6. Brief description of the character of business conducted in Rhode Island Electrical contractor, to perform the installation of new electrical work and/or make electrical repairs to existing electrical.											
5. State of Incorporation MA												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name Michael J Beaton		Vice-President Name Alexander S Beaton										
Street Address 66 West Hodges St		Street Address 14 Joanna Drive										
City Norton	State MA	Zip 02766	City Foxboro State MA Zip 02035									
Secretary Name		Treasurer Name Christopher M Camara										
Street Address		Street Address 23 Kathleen Court										
City	State	Zip	City Seekonk State MA Zip 02771									
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"/>										
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>4 600</td> <td>CNP</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	4 600	CNP	0.00			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
4 600	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 Christopher M Camara		Date 04/05/2024										
Signature of Authorized Representative 		FILED 324										

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

BY

APR 25 2024

NY 305

18

FORM 630- Revised: 12/2023