

REC'D RHODES BSO
24 APR 25 PM 3:22:57



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.

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	City Foxboro	State MA
	Zip 02766		Zip 02035
Secretary Name		Treasurer Name Christopher M Camara	
Street Address		Street Address 23 Kathleen Court	
City	State	City Seekonk	State MA
	Zip		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	City	State
	Zip		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		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

APR 25 2024
BY 18