



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**

MAY 02, 2024

BY *[Signature]*

|  |             |  |                     |                        |  |
|--|-------------|--|---------------------|------------------------|--|
| 1. Entity ID Number<br><i>092042017</i>  |             | 2. Exact name of the Corporation<br>Petterson Electric Co., Inc                                    |                     |                        |  |
| 3. Principal Office Address<br>3414 Post Rd  |             |  | City<br>Warwick     | State<br>RI            | Zip<br>02886   |
| 4. NAICS Code<br>238210  |             | 6. Brief description of the character of business conducted in Rhode Island<br>Electric Contractor |                     |                        |  |
| 5. State of Incorporation<br>RI  |             |  |                     |                        |  |
| 7. List ALL officers (names and addresses)   |             |  |                     |                        | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name<br>Stuart D Hummel  |             |  | Vice-President Name |                        |  |
| Street Address<br>154 Cole Dr  |             |  | Street Address      |                        |  |
| City<br>North Kingstown  | State<br>RI | Zip<br>02852   | City                | State                  | Zip  |
| Secretary Name<br>Judy Hummel  |             |  | Treasurer Name      |                        |  |
| Street Address<br>154 Cole Dr  |             |  | Street Address      |                        |  |
| City<br>North Kingstown  | State<br>RI | Zip<br>02852   | City                | State                  | Zip  |
| 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   |             | 10. Shares Issued  |                     |                        | Check the box to indicate an attachment <input type="checkbox"/> |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |             | NUMBER OF SHARES   | CLASS/SERIES        | 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.<br><b>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.</b> |             |  |                     |                        |  |
| Name of Authorized Representative<br><i>STUART D. HUMMEL, PRES</i>   |             |  |                     | Date<br><i>4-29-24</i> |  |
| Signature of Authorized Representative<br><i>Stuart D. Hummel, pres.</i>   |             |  |                     |                        |  |

MAIL TO:  
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