



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 MAY 7 AM 11:30:31

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 000139310		2. Exact name of the Corporation McCormick Electric Inc			
3. Principal Office Address 24 Sweet Fern Drive			City CRANSTON	State RI	Zip 02921
4. NAICS Code 813920		6. Brief description of the character of business conducted in Rhode Island ELECTRICAL CONTRACTING WORK			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name EDWARD J MCCORMICK			Vice-President Name DAVID MCCORMICK		
Street Address 24 Sweet Fern Dr.			Street Address 24 Sweet Fern Dr.		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name DAVID MCCORMICK			Treasurer Name EDWARD J MCCORMICK		
Street Address 24 Sweet Fern Dr.			Street Address 24 Sweet Fern Dr.		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
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. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			1,000		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 David McCormick				FILED 1180	Date 5/7/2024
Signature of Authorized Representative MAY 07 2024 BY SJA/3x					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov