

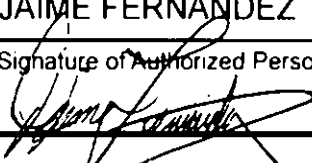


**State of Rhode Island**  
**Department of State - Business Services Division**

REC'D RI SOS BSD  
 24 MAY 6 PM 3:02:00

Annual Report for the year: 2023  
 Limited Liability Company

- 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<br><b>001731224</b>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><b>JF ELECTRICAL SERVICE LLC</b>                                                                                                                            |                    |
| 3. NAICS Code<br><b>238210</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>INSTALLING AND SERVICING ELECTRICAL WIRING AND EQUIPMENT FOR NEW WORK, ADDITIONS, ALTERATIONS, MAINTENANCE AND REPAIRS.</b> |                    |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                            |  |                                                                                                                                                                                                               |                    |
| 6. Principal Office Address<br><b>280 NATICK AVENUE</b>                                                                                                                                                 |  | City<br><b>CRANSTON</b>                                                                                                                                                                                       | State<br><b>RI</b> |
| Zip<br><b>02921</b>                                                                                                                                                                                     |  |                                                                                                                                                                                                               |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                                                                                                               |                    |
| Contact Name<br><b>JAIME FERNANDEZ</b>                                                                                                                                                                  |  | Contact Title<br><b>OWNER</b>                                                                                                                                                                                 |                    |
| Street Address<br><b>280 NATICK AVENUE</b>                                                                                                                                                              |  | City<br><b>CRANSTON</b>                                                                                                                                                                                       | State<br><b>RI</b> |
| Zip<br><b>02921</b>                                                                                                                                                                                     |  |                                                                                                                                                                                                               |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642                                                                      |  |                                                                                                                                                                                                               |                    |
| 9. 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 Person<br><b>JAIME FERNANDEZ</b>                                                                                                                                                     |  | Date<br><b>4/14/23</b>                                                                                                                                                                                        |                    |
| Signature of Authorized Person<br>                                                                                    |  |                                                                                                                                                                                                               |                    |

**FILED**

**MAY 06 2024**  
**BY ASV3R**

**AA. 3:03pm**

**MAIL TO:**

**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)