



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.

REC'D RIDOS BSD  
24 JUN 25 AM 9:45:01

1. Entity ID Number <u>424356</u>	2. Exact name of the Corporation <u>H&amp;R Electric Contractor, INC</u>		
3. Principal Office Address <u>69 W. Greenville Rd</u>	City <u>Greenville</u>	State <u>RT</u>	Zip <u>02828</u>
4. NAICS Code <u>238210</u>	6. Brief description of the character of business conducted in Rhode Island <u>Electric installation and maintenance</u>		
5. State of Incorporation <u>RI</u>			

7. List ALL officers (names and addresses)			Check the box to indicate an attachment <input type="checkbox"/>		
President Name <u>HENRIQUE M DALOMBA</u>			Vice-President Name		
Street Address <u>69 W. Greenville Rd</u>			Street Address		
City <u>Greenville</u>	State <u>RT</u>	Zip <u>02828</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
	<u>300</u>		<u>0.01</u>	<u>1</u>
Changes require an additional filing.				

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	FILED	Date <u>6-25-24</u>
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Signature of Authorized Representative <u>Henrique M Dalomba</u>	BY <u>[Signature]</u>
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MAIL TO:  
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Website: www.sos.ri.gov