RI SOS Filing Number: 202457548450 Date: 7/2/2024 11:01:00 AM

REC'D RIDOS BSD
'24 JUL 2 AM10:58:51

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	2. Exact name of the Corporation		
001706006	Michael Bell Electric Company Inc		
3. Principal Office Address	City	State	Zip
60 Evergreen Dr	Seekonk	MA	02771
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
238210	To conduct or engage in the electrical contracting and installation work		
5. State of Incorporation			
MA			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Michael H Bell	60 Evergreen Dr	Seekonk	MA	02771

Vice-President Name	Street Address	City	State	Zip
Patrick Boudreau	10 Abbey Lane	Rehoboth	MA	02769

Secretary Name	Street Address	City	State	Zip
Lisa Machado-Bell	60 Evergreen Dr	Seekonk	MA	02771

Treasurer Name	Street Address	City	State	Zip
Michael H Bell	60 Evergreen Dr	Seekonk	MA	02771

8. List All directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Patrick Boudreau	10 Abbey Lane	Rehoboth	MA	02769

Director Name	Street Address	City	State	Zip
Michael H Bell	60 Evergreen Dr	Seekonk	MA	02771

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1000	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	Date
Patrick L Boudreau	6-15-24

Signature of Authorized Representative
Patrick L Boudreau

FILED 1101
JUL - 2 2024
BY Q7BTP

MAIL TO:
Division of Business Services
148 W. River Street. Providence. Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos ri.gov

FORM 630- Revised 12:2023