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

Annual Report for the year: 2023

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 001706006		2. Exact name of the Corporation Michael Bell Electric Company Inc			
3. Principal Office Address 60 Evergreen Dr			City Seekonk	State MA	Zip 02771
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
President Name Michael H Bell			Vice-President Name Patrick Boudreau		
Street Address 60 Evergreen Dr			Street Address 10 Abbey Lane		
City Seekonk	State MA	Zip 02771	City Rehoboth	State MA	Zip 02769
Secretary Name Lisa Machado-Bell			Treasurer Name Michael H Bell		
Street Address 60 Evergreen Dr			Street Address 60 Evergreen Dr		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Patrick Boudreau			Director Name Michael H Bell		
Street Address 10 Abbey Lane			Street Address 60 Evergreen Dr		
City Rehoboth	State MA	Zip 02769	City Seekonk	State MA	Zip 02771
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		1000		CNP	
				PAR VALUE	
				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 Patrick L Boudreau				Date 6-15-24	
Signature of Authorized Representative <i>Patrick L Boudreau</i>				FILED 1100 JUL - 2 2024 BY Q7BTP	

MAIL TO:
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 Website: www.sos.ri.gov