



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.

REC'D RIDOS BSD
24 JUL 2 AM 10:58:55

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	City Rehoboth	State MA
Zip 02771		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	City Seekonk	State MA
Zip 02771		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	City Seekonk	State MA
Zip 02769		Zip 02771	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 1000	CLASS/SERIES 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>		JUL - 2 2024 BY <i>Q7BTP</i>	

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