



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 JUL 11 AM 10:14:38

1. Entity ID Number 001683987		2. Exact name of the Corporation Emmett Electric, Inc.			
3. Principal Office Address 12 Balkcom Street		City East Providence		State RI	Zip 02915
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island Electrician			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sean Emmett			Vice-President Name Kristin Emmett		
Street Address 12 Balkcom Street			Street Address 12 Balkcom Street		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
Secretary Name Sean Emmett			Treasurer Name Kristin Emmett		
Street Address 12 Balkcom Street			Street Address 12 Balkcom Street		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sean Emmett			Director Name Kristin Emmett		
Street Address 12 Balkcom Street			Street Address 12 Balkcom Street		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS-SERIES	PAR VALUE
		600	CNP	0	
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 Kristin Emmett					Date 6/30/24
Signature of Authorized Representative 					

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

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FILED
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BY 329