



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2024 AUG 13 AM 11:17

1. Entity ID Number 001749728		2. Exact name of the Corporation Power Line Supply Company			
3. Principal Office Address 420 Roth Street			City Reed City	State MI	Zip 49677
4. NAICS Code 221000		6. Brief description of the character of business conducted in Rhode Island Distribution Warehouse for Utility Supplies			
5. State of Incorporation MI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Brad Geer			Vice-President Name Gary Patterson		
Street Address 420 Roth Street			Street Address 420 Roth Street		
City Reed City	State MI	Zip 49677	City Reed City	State MI	Zip 49677
Secretary Name Anthony Krellwitz			Treasurer Name Anthony Krellwitz		
Street Address 420 Roth Street			Street Address 420 Roth Street		
City Reed City	State MI	Zip 49677	City Reed City	State MI	Zip 49677
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. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			6,465		\$64,650
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 Melanie Millis					Date
Signature of Authorized Representative <i>Melanie K. Millis</i>					FILED AUG 30 2024 BY A7N8Y AA 10:53AM

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

AUG 30 2024
BY A7N8Y
AA 10:53AM
FORM 630- Revised: 04/2023