



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.

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RECEIVED
SECRETARY OF STATE
CORPORATION DIV

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			
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 8/30/2024	
Signature of Authorized Representative <i>Melanie Millis</i>				FILED	

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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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BY **ATNSK**
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