



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 RI SOS BSD
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1. Entity ID Number 001685794		2. Exact name of the Corporation McDonald Electrical Corporation	
3. Principal Office Address 72 Sharp Street, Unit 8C		City Hingham	State MA
		Zip 02043	
4. NAICS Code 238210	6. Brief description of the character of business conducted in Rhode Island Electrical Contractor.		
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 P. McDonald		Vice-President Name Thomas A. Cooney	
Street Address 72 Sharp Street, Unit 8C		Street Address 72 Sharp Street, Unit 8C	
City Hingham	State MA	City Hingham	State MA
Secretary Name Thomas A. Cooney		Treasurer Name Michael P. McDonald	
Street Address 72 Sharp Street, Unit 8C		Street Address 72 Sharp Street, Unit 8C	
City Hingham	State MA	City Hingham	State MA
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Michael P. McDonald		Director Name Thomas A. Cooney	
Street Address 72 Sharp Street, Unit 8C		Street Address 72 Sharp Street, Unit 8C	
City Hingham	State MA	City Hingham	State MA
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
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 10000	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 Jason A. Pithie, Esq.		Date 11/15/2024	
Signature of Authorized Representative		FILED	

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 LKS NAYDC

FORM 630- Revised 12/2023