RECD RIDOS BSD
24 NOV 18 PM2:19:15

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.

1. Entity ID Number	2. Exact name of the Corporation		
001685794	McDonald Electrical Corporation		
3. Principal Office Address	City	State	Zip
72 Sharp Street, Unit 8C	Hingham	MA	02043
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
238210	Electrical Contractor.		
5. State of Incorporation			
MA			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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	Zip: 02043	City: Hingham	State: MA	Zip: 02043
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	Zip: 02043	City: Hingham	State: MA	Zip: 02043

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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	Zip: 02043	City: Hingham	State: MA	Zip: 02043
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
10000	CNP	$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	Date
Jason A. Pithie, Esq.	11/15/2024

Signature of Authorized Representative

FILED
NOV 18 2024
2:21pm
BY LKS NAYDC

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