



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
STATE OF RHODE ISLAND
JAN 30 2025 10:41 AM

1. Entity ID Number 000140150		2. Exact name of the Corporation Broadway Electric Service Corporation												
3. Principal Office Address 1800 N Central St		City Knoxville		State TN	Zip 37917									
4. NAICS Code 238210	6. Brief description of the character of business conducted in Rhode Island Electrical Contracting													
5. State of Incorporation Tennessee														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>														
President Name Bridgett McMahan			Vice-President Name Craig Wojciechowski											
Street Address 1800 N Central St			Street Address 1800 N Central St											
City Knoxville	State TN	Zip 37917	City Knoxville	State TN	Zip 37917									
Secretary Name Julie Black			Treasurer Name											
Street Address 1800 N Central St			Street Address											
City Knoxville	State TN	Zip 37917	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Dave Herche			Director Name Jeff Hock											
Street Address 4955 Spring Grove Ave			Street Address 4955 Spring Grove Ave											
City Cincinnati	State OH	Zip 45232	City Cincinnati	State OH	Zip 45232									
Director Name Wendell Bell			Director Name											
Street Address 4955 Spring Grove Ave			Street Address											
City Cincinnati	State OH	Zip 45232	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 <input type="checkbox"/>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>NONE</td><td>STK</td><td>40.00</td></tr><tr><td>NONE</td><td>STK</td><td>0.00</td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	NONE	STK	40.00	NONE	STK	0.00
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
NONE	STK	40.00												
NONE	STK	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 Bridgett McMahan					Date 1/8/2025									
Signature of Authorized Representative 														

FILED 10:42

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

JAN 30 2025



BY 38HLS

FORM 630 Revised 12/2023

OFFICERS – as of January 2024

Entity ID 000140150

Bridgett McMahan
1800 N Central St
Knoxville TN 37917

Julie Black
1800 N Central St
Knoxville TN 37917

Adam Knuckles
1800 N Central St
Knoxville TN 37917

Craig Wojciechowski
1800 N Central St
Knoxville TN 37917

John Kitts
1800 N Central St
Knoxville TN 37917

Eric Hickam
1800 N Central St
Knoxville TN 37917

Jason Johnston
1800 N Central St
Knoxville TN 37917

Jerry Large
1800 N Central St
Knoxville TN 37917