TO THE STATE OF

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

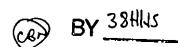
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TECUTA DOS ESC 5 JC 180 AL 1017 1	

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.					P-4 ()				
1 Entity ID Number	Exact name of the Corporation					Ü.			
000140150 Broadway Electric Service Corporation									
Principal Office Address			City		State		Zip		
1800 N Central St			Knoxvi	ille	TN		37917		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island								
238210	Electrical Contracting								
State of Incorporation	7								
Tennessee	ľ								
7. List ALL officers (names and add	resses)	·			k the box to indic	ate an atta	achment 🗹		
	Bridgett McManan				Vice-President Name Craig Wojciechowski				
Street Address 1800 N Central	1800 N Central St			Street Address 1800 N Central St					
^{City} Knoxville	State TN	^{Zıp} 37917	City Knoxville		State	TN	Zip 37917		
Secretary Name Julie Black			Treasurer I	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 ac	ldresses)				k the box to indic	ate an att	schment 🗆		
Director Name Dave Herche		Director Name Jeff Hock							
	4955 Spring Grove Ave		Street Address 4955 Spring Grove Ave						
City Cincinnati	State OH	^{Zip} 45232	City Cincinnati		State (ЭН	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	Shares Authorized 10. Shares Issued Check the box to indicate an attachment						achment PAR VALUE		
This information is currently of record in the Department of State. Changes require an additional filing.		NONE		STK	40.00		PAR VALUE		
		NONE		STK	0.00				
11. This report must be executed or ceiver or trustee, this report must be						n the hand	s of a re-		
Under penalty of perjury, I declar statements, and that all statemer	e and affirm tha	t I have examine	d this repor			schedule	s and		
Name of Authorized Representative					Date	Date			
Bridgett McMahan					1/8/2	1/8/2025			
Signature of Authorized Representa	ative								
K Menerly FILED 10:42									

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



JAN 3 0 2025

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