



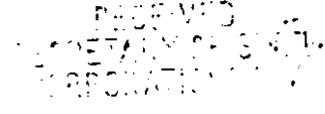
**State of Rhode Island
Department of State - Business Services Division**

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 RIDOS ASD
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2025 FEB 10 PM 4:06

1. Entity ID Number 160280		2. Exact name of the Corporation Acme Electric Inc.			
3. Principal Office Address P.O. Box 834			City Woonsocket	State RI	Zip 02895
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island Electrical Contractor			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Cournoyer			Vice-President Name		
Street Address P.O. Box 834			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Secretary Name John Cournoyer			Treasurer Name John Cournoyer		
Street Address P.O. Box 834			Street Address P.O. Box 834		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John Cournoyer			Director Name		
Street Address P.O. Box 834			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		500	STK	.0100	
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 John Cournoyer				Date October 22, 2024	
Signature of Authorized Representative 				FILED	
FEB 13 2025					

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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