



State of Rhode Island

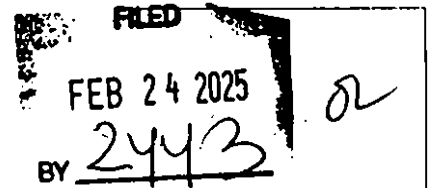
Department of State - Business Services Division

Annual Report for the year: 2025
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 521777		2. Exact name of the Corporation TEBO ELECTRIC, INC.												
3. Principal Office Address 4 HURTEAU ROAD			City MILLVILLE	State MA	Zip 01529									
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island PROVIDE ELECTRICAL SERVICES												
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 KEITH THIBEAULT			Vice-President Name KEITH THIBEAULT											
Street Address 4 HURTEAU ROAD			Street Address 4 HURTEAU ROAD											
City MILLVILLE	State MA	Zip 01529	City MILLVILLE	State MA	Zip 01529									
Secretary Name KEITH THIBEAULT			Treasurer Name KEITH THIBEAULT											
Street Address 4 HURTEAU ROAD			Street Address 4 HURTEAU ROAD											
City MILLVILLE	State MA	Zip 01529	City MILLVILLE	State MA	Zip 01529									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name KEITH THIBEAULT			Director Name											
Street Address 4 HURTEAU ROAD			Street Address											
City MILLVILLE	State MA	Zip 01529	City	State	Zip									
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 <input type="checkbox"/>											
			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">NUMBER OF SHARES</th> <th style="width:40%;">CLASS/SERIES</th> <th style="width:20%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE						
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
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 KEITH THIBEAULT				Date 2/4/25										
Signature of Authorized Representative 														

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov