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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 28 2025
BY

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	2. Exact name of the Corporation			
001680527	J.L. ELECTRIC, INC.			
3. Principal Office Address		City	State	Zip
307 OLIPHANT LANE		MIDDLETOWN	RI	02842
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238210	ELECTRICAL CONTRACTOR			
5. State of Incorporation				
RHODE ISLAND				

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

President Name: JASON LEDSWORTH			Vice-President Name: JASON LEDSWORTH		
Street Address: 307 OLIPHANT LANE			Street Address: 307 OLIPHANT LANE		
City: MIDDLETOWN	State: RI	Zip: 02842	City: MIDDLETOWN	State: RI	Zip: 02842
Secretary Name: JASON LEDSWORTH			Treasurer Name: JASON LEDSWORTH		
Street Address: 307 OLIPHANT LANE			Street Address: 307 OLIPHANT LANE		
City: MIDDLETOWN	State: RI	Zip: 02842	City: MIDDLETOWN	State: RI	Zip: 02842

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

Director Name: JASON LEDSWORTH			Director Name: N/A		
Street Address: 307 OLIPHANT LANE			Street Address:		
City: MIDDLETOWN	State: RI	Zip: 02842	City:	State:	Zip:
Director Name: N/A			Director Name: N/A		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES		PAR VALUE
Changes require an additional filing.	100	COMMON		NO PAR

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 LEDSWORTH	2/25/25

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