



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.

FILED

FEB 28 2025
BY

1. Entity ID Number 001680527		2. Exact name of the Corporation J.L. ELECTRIC, INC.	
3. Principal Office Address 307 OLIPHANT LANE		City MIDDLETOWN	State RI
		Zip 02842	
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 ☐			
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 Check the box to indicate an attachment ☐			
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 ☐	
		NUMBER OF SHARES 100	CLASS/SERIES COMMON
		PAR VALUE 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 JASON LEDSWORTH		Date 2/25/25	
Signature of Authorized Representative 			

MAIL TO:
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Website: www.sos.n.gov