



**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**  
**MAR 05 2025**  
**STAMP**  
BY 61572  
SECRETARY OF STATE  
RI ONLY

1. Entity ID Number <b>54125</b>		2. Exact name of the Corporation <b>Right View Electric Inc.</b>			
3. Principal Office Address <b>P.O. Box 14463</b>			City <b>East Providence</b>	State <b>RI</b>	Zip <b>02910</b>
4. NAICS Code <b>23810</b>		6. Brief description of the character of business conducted in Rhode Island <b>Electrical Contractor</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Roy M. Raposo</b>			Vice-President Name <b>Roy M. Raposo</b>		
Street Address <b>462 Fairview Avenue</b>			Street Address <b>462 Fairview Avenue</b>		
City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>	City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>
Secretary Name <b>Roy M. Raposo</b>			Treasurer Name		
Street Address <b>462 Fairview Avenue</b>			Street Address		
City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		300		CNP	
				PAR VALUE	
				0	
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. <b>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.</b>					
Name of Authorized Representative <b>Roy M. Raposo</b>				Date <b>3-2-25</b>	
Signature of Authorized Representative <i>Roy M. Raposo</i>					

**MAIL TO:**  
**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov