



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
BY 5291 *a*

1. Entity ID Number 00004308		2. Exact name of the Corporation Cutler H Besser & Son, Inc.			
3. Principal Office Address 6 Maple Lane		City North Scituate		State RI	Zip 02857
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island Electrical Construction			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard G Besser			Vice-President Name		
Street Address 6 Maple Lane			Street Address		
City North Scituate	State RI	Zip 02857	City	State	Zip
Secretary Name			Treasurer Name Richard G Besser		
Street Address			Street Address 6 Maple Lane		
City	State	Zip	City North Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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/STRIKES		
			PAR VALUE		
			4000		
			STK		
			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. 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 Richard G Besser					Date 01-21-2025
Signature of Authorized Representative <i>Richard G. Besser</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