



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 06 2025  
BY 343

1. Entity ID Number 001692517		2. Exact name of the Corporation J. Costa Electric, Inc.									
3. Principal Office Address 26 Ingraham Street			City Cumberland	State RI	Zip 02864						
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island Electrician									
5. State of Incorporation Rhode Island											
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
President Name Joao F. Costa			Vice-President Name								
Street Address 26 Ingraham Street			Street Address								
City Cumberland	State RI	Zip 02864	City	State	Zip						
Secretary Name Joao F. Costa			Treasurer Name Joao F. Costa								
Street Address 26 Ingraham Street			Street Address 26 Ingraham Street								
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864						
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
Director Name Joao F. Costa			Director Name								
Street Address 26 Ingraham Street			Street Address								
City Cumberland	State RI	Zip 02864	City	State	Zip						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized <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.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>600</td> <td>common</td> <td>no par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	600	common	no par value
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600	common	no 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. <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 Joao F. Costa					Date 3-3-25						
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