RI SOS Filing Number: 202568771060 Date: 3/31/2025 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual	Report	for tl	he ye	ar: 20	25
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Corporation

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

Penalty: Additional \$25.00 fee if form is not filed by May 31



Frenany, Additional \$25.0									
Entity ID Number		2. Exact name of the Corporation							
000150720	Lembo 8	Lembo Brothers Electric Company, Inc.							
3. Principal Office Address					State		Zip		
99 Hilltop Drive			Johns	ton	RI		02919		
4. NAICS Code	6. Brief descr	iption of the charact	er of busine	ss conducted in Rhoo	le Island		<u> </u>		
238210	Electrical	Electrical Construction							
5. State of Incorporation									
RI									
7. List ALL officers (names and	addresses)		lie 5	Check the	e box to indi	cate an att	achment 🔲		
President Name Russell J. Lembo			Vice-President Name Russell J. Lembo						
Street Address 99 Hilltop Drive			Street Address 99 Hilltop Drive						
City Johnston	State RI	^{Z₁p} 02919		nston	ı	RI	^{Z_{ip}} 02919		
Secretary Name Russell J. Lembo				Treasurer Name Russell J. Lembo					
Street Address 99 Hilltop Drive			Street Add	Street Address 99 Hilltop Drive					
City Johnston	State RI	^{Zip} 02919	City Johnston		State	રા	^{Zip} 02919		
8. List ALL directors (names and	d addresses)			Check the	e box to indi	cate an att	achment 🗆		
Director Name Russell J. Lembo			Director N	Director Name					
Street Address 99 Hilltop Drive			Street Add	Street Address					
^{City} Johnston	State RI	^{Zip} 02919	City		State		Zıp		
Director Name	•	•	Director N	ame	•				
Street Address			Street Add	Street Address					
City	State	Zip	City	City			Zip		
9. Shares Authorized	ed Check the box to indicate an attachment								
This information is currently of re Department of State.	ecord in the	4 000			Ī		PAR VALUE		
•		1,000		Common		NPV			
Changes require an additional filing.									
11. This report must be execute	d on behalf of the	corporation by an a	uthorized re	presentative. If the co	rporation is	in the hand	ds of a re-		
ceiver or trustee, this report mu-					omnanuisc	cohodul	as and		
statements, and that all states				г, тошоту апу асс	.viiipariying	, scriedule	so dilu		
Name of Authorized Representative					Date	Date			
Russell J. Lembo						03/27/2025			
Signature of Authorized Repres	entative (
MAIL TO:	······································	 -							

Division of Business Services V

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov