



State of Rhode Island
Department of State - Business Services Division

REC'D RI SOS BSD
25 JUN 4 PM 1:15:43
AMP
FORM 830 - PART OF STATE
FILE ONLY

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.

1. Entity ID Number 001100203		2. Exact name of the Corporation SurePower Electrical Contractors, Inc.									
3. Principal Office Address 297 Rhode Island Boulevard			City Portsmouth	State RI	Zip 02871						
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island electrical contracting services									
5. State of Incorporation RI											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Peter F. Chlabato			Vice-President Name								
Street Address 297 Rhode Island Boulevard			Street Address								
City Portsmouth	State RI	Zip 02871	City	State	Zip						
Secretary Name Peter F. Chlabato			Treasurer Name Peter F. Chlabato								
Street Address 297 Rhode Island Boulevard			Street Address 297 Rhode Island Boulevard								
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871						
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common Shares</td> <td>0.01 par value</td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common Shares	0.01 par value
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE							
100	Common Shares	0.01 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.											
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 Peter F. Chlabato				Date 5/22/25							
Signature of Authorized Representative <i>Peter F. Chlabato</i>				FILED							

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

JUN 04 2025
BY *3358*
FORM 830 - Revised: 04/2023