RI SOS Filing Number: 202577285790 Date: 7/28/2025 11:58:00 AM

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2025 JUL 28 A 11:56

1. Entity ID Number	2. Exact name of the Corporation
000056985	PAT Associates, Inc.

3. Principal Office Address	City	State	Zip
23431 Antonio Parkway B160-620	Rancho Santa Margarita	CA	92688

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
425120	Independent electronic manufacturers representative. Title 7.1.1
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Donald J Miller	
Street Address: 22431 Antonio Parkway B160-620	Street Address:
City: RanchoSantaMargarita, State: CA, Zip: 92688	City: , State: , Zip:
Secretary Name: Donald J Miller	Treasurer Name: Donald J Miller
Street Address: 22431 Antonio Parkway B160-620	Street Address: 22431 Antonio Parkway B160-620
City: RanchoSantaMargarita, State: CA, Zip: 92688	City: RanchoSantaMargarita, State: CA, Zip: 92688

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
DONALD J. MILLER	DANIEL T. MCANEY
Street Address: 2431 Antonio Parkway B160-620	Street Address: 2431 Antonio Parkway B160-620
City: RanchoSantaMargarita, State: CA, Zip: 92688	City: RanchoSantaMargarita, State: CA, Zip: 92688
Director Name:	Director Name:
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	A	$1.00

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: William Johnson
Date: 7-24-25

Signature of Authorized Representative:

FILED 11:58 A
JUL 28 2025
BY MSDCV

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

FORM 630- Revised: 12/2023