



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.

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BUS SVCS DIV

2025 JUL 28 A 11:56

1. Entity ID Number 000056985		2. Exact name of the Corporation PAT Associates, Inc.			
3. Principal Office Address 23431 Antonio Parkway B160-620		City Rancho Santa Margarita		State CA	Zip 92688
4. NAICS Code 425120		6. Brief description of the character of business conducted in Rhode Island Independent electronic manufacturers representative.			
5. State of Incorporation Rhode Island		Title 7.1.1			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Donald J Miller			Vice-President Name		
Street Address 22431 Antonio Parkway B160-620			Street Address		
City Rancho Santa Margarita	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 Rancho Santa Margarita	State CA	Zip 92688	City Rancho Santa Margarita	State CA	Zip 92688
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name DONALD J. MILLER			Director Name DANIEL T. MCANEY		
Street Address 2431 Antonio Parkway B160-620			Street Address 2431 Antonio Parkway B160-620		
City Rancho Santa Margarita	State CA	Zip 92688	City Rancho Santa Margarita	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	

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

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