RI SOS Filing Number: 202577286120 Date: 7/28/2025 11:57:00 AM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

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

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→ Penalty: Additional \$25.00 fe		BUS SACS DIA							
1. Entity ID Number 000056985	2. Exact name of the Corporation PAT Associates, Inc. 2025 JUL 28 A II: 5b.						5ხ .		
3. Principal Office Address	400.000		City	0 1 11 11	State		Zip		
23431 Antonio Parkway B	_			o Santa Margarita	CA		92688		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island								
425120	Independent electronic manufacturers representative.								
State of Incorporation	Title 7.1.1								
Rhode Island	į l								
7. List ALL officers (names and add	resses)		Check the box to indicate an attachment						
	ent Name Donald J Miller			Vice-President Name					
Street Address 22431 Antonio F	Parkway B16	0-620	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 F	Parkway B160-620 Street Address 22431 Antonio Parkway B160-62					-620			
City RanchoSantaMargarita	State CA	^{Zip} 92688	City Ran	choSantaMargarita	State C	CA A	Zip 92688		
List ALL directors (names and ad	dresses)	<u>-</u> -		Check the box	to indic	ate an atta	chment 🔲		
DONALD J. MIL	DONALD J. MILLER Director Name DANIEL T. MCANEY								
Street Address 2431 Antonio Parkway B160-620			Street Address 2431 Antonio Parkway B160-620						
^{City} RanchoSantaMargarita	State CA	^{Zip} 92688	LC0sr	choSantaMargarita	Ctoto	CA	^{Zip} 92688		
Director Name									
Street Address			Street Address						
City	State	Zip	City		State		Zip		
9. Shares Authorized		10. Shares Issue	d	Check the box	r to indic	cate an att	achment 🗆		
This information is currently of record Department of State.	d in the	NUMBER OF SE	IARES	CLASS/SLRIES			PAR VALUE		
Changes require an additional filing.		200		Α		\$1.00			
11. This report must be executed or	behalf of the cor	poration by an aut	horized rep	resentative. If the corpora	ition is in	n the hand	s of a re-		
ceiver or trustee, this report must be	executed on beh	nalf of the corporat	ion by the r	eceiver or trustee.	anvino	cohodula	5 and		
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					Date) 24	\ \		
William Ja Signature of Authorized Representa	phasoa				/	1.24.	∠ゝ 		
Signature of Authorized Representative FILED 11:57 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