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
→ 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	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.
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: 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: 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	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 11:57 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