



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD  
25 AUG 12 AM 11:53:00

1. Entity ID Number <b>001716031</b>		2. Exact name of the Corporation <b>CACICIA &amp; SONS ELECTRICAL INC</b>	
3. Principal Office Address <b>80 HUNTER AVENUE</b>		City <b>JOHNSTON</b>	State <b>RI</b>
		Zip <b>02919</b>	
4. NAICS Code <b>238210</b>	6. Brief description of the character of business conducted in Rhode Island <b>ELECTRICAL INSTALL + SERVING</b>		
5. State of Incorporation <b>RHODE ISLAND</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>STEVEN CACICIA</b>		Vice-President Name	
Street Address <b>80 Hunter Ave</b>		Street Address	
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>STEVEN CACICIA</b>		Director Name	
Street Address <b>80 Hunter Ave</b>		Street Address	
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>300</b>	CLASS/SERIES <b>COMMON</b>
		PAR VALUE <b>NO PAR</b>	
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. <b>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.</b>			
Name of Authorized Representative <b>STEVEN CACICIA</b>		Date <b>8/12/25</b>	
Signature of Authorized Representative 		FILED <b>AUG 12 2025</b>	

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

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