RI SOS Filing Number: 202577630400 Date: 8/15/2025 1:15:00 PM

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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.

1. Entity ID Number	2. Exact name of the Corporation			
000943943	A AND J Electric INC.			
3. Principal Office Address		City	State	Zip
44 OLD HARTFORD PIKE		N. SCITUATE	R.I	02857-1069
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238210	Electric CONTRACTOR/			
5. State of Incorporation				
R.I.				

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

President Name	Vice-President Name
UGO PICCIRILLO	Colleen PICCIRILLO
Street Address: 44 OLD HARTFORD PIKE.	Street Address: 44 OLD HARTFORD PIKE.
City: N. SCITUATE. State: R.I. Zip: 02857	City: N. SCITUATE State: R.I. Zip: 02857
VINCENT COZZO = VICE PRESIDENT	Treasurer Name
Street Address: 560 South RD.	Street Address
City: EAST GREENWICH State: R.I. Zip: 02818	City State Zip

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

Director Name	Director Name
UGO PICCIRILLO	Colleen PICCIRILLO
Street Address: 44 HARTFORD PIKE	Street Address: 44 OLD HARTFORD PIKE
City: N. SCITUATE State: R.I. Zip: 02857	City: N. SCITUATE State: R.I Zip: 02857
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
100	COMMON	0.01

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	Date
Ugo Piccirillo	AUG-15-2025

Signature of Authorized Representative: Ugo Piccirillo

FILED 1:15P
AUG 15 2025
BY

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

State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

August 15, 2025 01:15 PM

Gregg M. Amore
Secretary of State