



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.

RECEIVED  
 2023 JUN 16 P 12:21

1. Entity ID Number 000021880		2. Exact name of the Corporation Graybar Electric Company, Inc.			
3. Principal Office Address 34 N. Meramec Ave.			City Clayton	State MO	Zip 63105
4. NAICS Code 423690		6. Brief description of the character of business conducted in Rhode Island Wholesale Distributor			
5. State of Incorporation VA					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name K. M. Mazzarella			Vice-President Name T. E. Carpenter		
Street Address 34 N. Meramec Ave.			Street Address 34 N. Meramec Ave.		
City Clayton	State MO	Zip 63105	City Clayton	State MO	Zip 63105
Secretary Name M. W. Geekie			Treasurer Name T. E. Carpenter		
Street Address 34 N. Meramec Ave.			Street Address 34 N. Meramec Ave.		
City Clayton	State MO	Zip 63105	City Clayton	State MO	Zip 63105
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name SEE ATTACHED			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued: <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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			23,664,952	Common	\$1
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: Andrea Goatley				Date: 5/3/2023	
Signature of Authorized Representative: <i>Andrea Goatley</i>					

FILED

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

12:25 JUN 16 2023  
 BY ML H2 XHV

<b>Title</b>	<b>Name</b>	<b>Primary Business Address</b>
Director	B. L. Propst	34 N. Meramec Avenue, Clayton, MO 63105
Director	D. A. Bender	2050 Nancy Hanks Drive, Norcross, GA 30071
Director	D. G. Maxwell	11505 Dublin Blvd, Dublin, CA 94568
Director	K. M. Mazzarella	34 N. Meramec Ave., Clayton, MO 63105
Director	M. W. Geekie	34 N. Meramec Ave., Clayton, MO 63105
Director	R. R. Harwood	34 N. Meramec Avenue, Clayton, MO 63105
Director	R.H. Harvey	Suite 602 105 Fieldcrest Ave., Edison, NJ 08837
Director	S. S. Clifford	34 N. Meramec Ave., Clayton, MO 63105
Director	W. P. Mansfield	34 N. Meramec Ave., Clayton, MO 63105