



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 46774		2. Name of Corporation OEM SUPPLY, INC.			
3. Street Address Principal Business Office Route 136 James Reynolds Road			City Swansea	State MA	Zip 02777
4. Business Phone No. (508) 379-9890		5. State of Incorporation MASSACHUSETTS			
6. Brief Description of the Character of Business Conducted in Rhode Island BUYING AND SELLING OF ELECTRICAL PARTS AND SUPPLIES AT WHOLESALE AND/OR RETAIL					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dale M. Souza			Vice President Name Donna L. Souza		
Street Address 831 Highland Avenue			Street Address 831 Highland Avenue		
City Fall River	State MA	Zip 02720	City Fall River	State MA	Zip 02720
Secretary Name Donna L. Souza			Treasurer Name Dale M. Souza		
Street Address 831 Highland Avenue			Street Address 831 Highland Avenue		
City Fall River	State MA	Zip 02720	City Fall River	State MA	Zip 02720
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dale M. Souza			Director Name Donna L. Souza		
Street Address 831 Highland Avenue			Street Address 831 Highland Avenue		
City Fall River	State MA	Zip 02720	City Fall River	State MA	Zip 02720
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
15,000	COMM NO PAR VALUE		67	Common	No Par Value

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 SECRETARY OF STATE  
 CORPORATIONS DIV

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.

File Date	FILED ✓
Check No.	FEB 14 2014
By:	BY <u>aw 217415</u>
FOR SECRETARY OF STATE USE ONLY	

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.

Signature: Dale M. Souza Pres Date: 2-5-14  
 Print or Type Name: Dale M. Souza  
 Title: President