



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>44171</u>		2. Exact name of the Corporation <u>ELECTRIC MOTOR SERVICES INC</u>			
3. Principal office address <u>197 CHESTNUT STREET</u>			City <u>WARWICK</u>	State <u>RS</u>	Zip <u>02888</u>
4. Business Phone No. <u>401 737 2534</u>			5. State of Incorporation <u>RS</u>		
6. Brief description of the character of business conducted in Rhode Island <u>ELECTRIC MOTOR REPAIR/SALES</u>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Resident Name <u>DAVID B AMARAL</u>			Vice-President Name <u>SAME</u>		
Street Address <u>80 RAYMONDS POINT RD</u>			Street Address		
City <u>COVENTRY</u>	State <u>RS</u>	Zip <u>02816</u>	City	State	Zip
Secretary Name <u>SAME</u>			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name <u>SAME</u>			Director Name <u>SAME</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>100</u>	<u>COMMON</u>	<u>ND/PAR</u>

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.

DAVID B AMARAL 1/18/16  
 Signature of Authorized Representative Date

DAVID B AMARAL  
 Print or Type Name of Authorized Representative

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED** OR  
 JAN 20 2016

BY 5039