RI SOS Filing Number: 201744793450 Date: 6/5/2017 4:07:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

R.I. STATE
2017 JUN -5 PM 4:04

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation		
001102317	INO Electrical Service Inc		
3. Principal Office Address	City	State	Zip
39 Water ST	Assonet	MA	02702
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
	Electrical Contractor, Solar contractor.		
5. State of Incorporation			
MASS			

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

President Name			Vice-President Name		
Jeffrey Medeiros					
Street Address			Street Address		
39 Water ST					
City	State	Zip	City	State	Zip
Assonet	MA	02702			
Secretary Name			Treasurer Name		
Lori Riley					
Street Address			Street Address		
39 Water ST					
City	State	Zip	City	State	Zip
Assonet	MA	02702			

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

Director Name			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 — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	200,000	STK	0

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
Jeffrey Medeiros	6/5/17

Signature of Authorized Representative: Jeffrey Medeiros SIGN DOCUMENT HERE

FILED
JUN 05 2017 4:07
BY CR 305263

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: 02/2017