



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

Annual Report for the year: 2016
Corporation

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

R.I. DEPT. OF STATE
BUSINESS SERVICES DIVISION

2017 JUN -5 PM 4:05

1. Entity ID Number 001102317		2. Exact name of the Corporation INO Electrical Service Inc			
3. Principal Office Address 39 Water ST		City Assonet	State MA	Zip 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 <input type="checkbox"/>
President Name Jeffrey Medeiros		Vice-President Name			
Street Address 39 Water ST		Street Address			
City Assonet	State MA	Zip 02702	City	State	Zip
Secretary Name Lori Riley		Treasurer Name			
Street Address 39 Water ST		Street Address			
City Assonet	State MA	Zip 02702	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 2,000,000	CLASS/SERIES STK	PAR VALUE 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 Jeffrey Medeiros				Date 6/5/17	
Signature of Authorized Representative <i>Jeffrey Medeiros</i>				SIGN DOCUMENT HERE FILED	

JUN 05 2017

BY Ch 305263