



State of Rhode Island and Providence Plantations

Départment of State - Business Services Division

Annual Report for the year: **2018**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 01 2018

BY

1. Entity ID Number 000096150		2. Exact name of the Corporation STONY LANE ELECTRIC, INC.			
3. Principal Office Address 239 STONY LANE			City EXETER	State RI	Zip 02822
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island ELECTRICAL SERVICES FOR COMMERCIAL AND RESIDENTIAL			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARC MASSA			Vice-President Name NONE		
Street Address 239 STONY LANE			Street Address		
City EXETER	State RI	Zip 02822	City	State	Zip
Secretary Name NONE			Treasurer Name MARC MASSA		
Street Address			Street Address 239 STONY LANE		
City	State	Zip	City EXETER	State RI	Zip 02822
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE NO PAR VALUE
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 MARC MASSA				Date 1-29-18	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	