RI SOS Filing Number: 201988292720 Date: 3/7/2019 4:00:00 PM

<b>(SI)</b>	Departmen
Annua	l Rep'ort for

## Department of State - Business Services Division

Annual Report for the year: 2019

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 nan	2. Exact name of the Corporation						
000096150	STONY	STONY LANE ELECTRIC, INC.						
3. Principal Office Address	incipal Office Address				State	Zip		
239 STONY LANE			EXETER		RI	02822		
4. NAICS Code		ription of the chara	cter of business	conducted in Rhode I	sland			
23-CONSTRUCTION	ELECTRICA	ELECTRICAL SERVICES FOR COMMERCIAL AND RESIDENTIAL						
5. State of incorporation	-							
RI								
7. List ALL officers (names and	addresses)			Check	the box to i	ndicate an attachment		
President Name MARC MASSA			Vice-President Name NONE					
Street Address 239 STONY LANE			Street Address					
Cily EXETER	State RI	<sup>Zip</sup> 02822	City	City		Zip		
Secretary Name NONE			Treasurer Name MARC MASSA					
Street Address		Street Address 239 STONY LANE						
City	State	Zip	City EXETER		State RI	<sup>Zip</sup> 02822		
8. List ALL directors (names and	addresses)			Check	the box to i	ndicate an attachment 🔲		
Director Name NONE			Director Name	Director Name NONE				
Street Address			Street Addres	Street Address				
City	State	Zip	City	<u> </u>	State	Zip		
Director Name NONE			Director Name NONE					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized 10. Shares Iss								
This information is currently of record in the Department of State.			NUMBER OF SHARES		CLASS/SERVES COMMON			
		100	100			NO PAR VALUE		
Changes require an additional filing.								
11. This report must be executed	on behalf of the	corporation by an	authorized repres	) sentative. If the corpo	ration is in	the hands of a receiver or		
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 3-2-19								
Signature of Authorized Representative MAR 0 7 2019 SIGN DOCUMENT HERE								
111/		SIGN DO	COMENT ACKE	10245	(1)	·		
					·- <u>-</u>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov