RI SOS Filing Number: 201923755930 Date: 10/9/2019 10:34:00 AM

Annual Report for the Corporation	he year:	2016				2019 m	
→ Filing period: Januar → Filing Fee: \$50.00				BUS -			
→ Penalty. Additional \$2	25.00 fee if form is	not filed by April 1				<u> </u>	
1 Entity ID Number	2. Exact na	2. Exact name of the Corporation					
000797423	STEM EL	STEM ELECTRICAL INC.					
3 Principal Office Address			City		State	Zip 🐷 🎵	
116 STEVE LOPES WAY			WOONSO	CKET_	RI	02895	
4. NAICS Code 238210	FI FCTRICAL CONTRACTOR				hode Island		
5. State of Incorporation							
RI							
7. List ALL officers (names a President Name	and addresses)			(Check the box to ind	licate an attachment	
TIMOTHY MOISAO Street Address			Vice-President Name STEPHANIE MOISAO Street Address				
116 STEVE LOPES WAY			116 STEVE LOPES WAY				
City WOONSOCKET	State R1	Z _{ip} 02895	City WOONSOCKET		State RI	Zip 02895	
Secretary Name STEPHANIE MOISAO			Treasurer Name				
Street Address			TIMOTHY MOISAO Street Address				
116 STEVE LOPES WAY			116 STEVE LOPES WAY				
City	State RT	Ζφ 02895	City WOONSOCKET		State RI	Zip 02895	
8 List ALL directors (names	and addresses)					icate an attachment	
Director Name TIMOTHY MOISAO Stree: Address			Director Name STEPHANIE MOISAO				
116 STEVE LOPES WAY			Street Address 116 STEVE LOPES WAY				
City	State	Zip	City		State	Zip	
WOONSOCKET Director Name	RI	02895	WOONSOCKET Director Name		RI	02895	
Street Address			Street Address				
City	State	Zip	Cily		State	Zıp	
9. Shares Authorized		10. Shares Is	sued		heck the box to ind	icate an attachment	
This information is currently of Department of State.	of record in the	NUMBER.	OF SHARES		SISER FS	PAR VAILE	
	1.411	<u> </u>	1,000	CWP		1.00	
Changes require an additiona	ii filing.				-		
11. This report must be exec	cuted on behalf of th	e corporation by an	authorized repre	.I sentative. If the	corporation is in the	hands of a receiver or	
<u>trustee, this report must be e</u>	executed on behalf	of the corporation by	the receiver or t	rustee			
Under penalty of perjury, I statements, and that all sta	atements containe	i triat i nave examil <u>d</u> herein are true a	nea tnis report, . nd correct.	including any a	eccompanying sch	edules and	
Name of Authorized Represe	Date						
TIMOTHY MOISAO			10/07/2			019	
Signature of Authorized Rep	resentative		FILI	FÑ	120/01/20	 	
Merley			1 11-1				
MAIL TO:	· · · · · ·		OCT US	2019	<u> </u>		

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov KL V55K8