



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

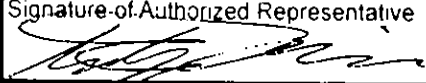
2015

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 000797423		2. Exact name of the Corporation STEM ELECTRICAL, INC.			
3. Principal Office Address 116 STEVE LOPES WAY		City WOONSOCKET	State RI	Zip 02895	
4. NAICS Code 238210	6. Brief description of the character of business conducted in Rhode Island ELECTRICAL CONTRACTOR				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name TIMOTHY MOISAO			Vice-President Name STEPHANIE MOISAO		
Street Address 116 STEVE LOPES WAY			Street Address 116 STEVE LOPES WAY		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Secretary Name STEPHANIE MOISAO			Treasurer Name TIMOTHY MOISAO		
Street Address 116 STEVE LOPES WAY			Street Address 116 STEVE LOPES WAY		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name TIMOTHY MOISAO			Director Name STEPHANIE MOISAO		
Street Address 116 STEVE LOPES WAY			Street Address 116 STEVE LOPES WAY		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 ☐		
			NUMBER OF SHARES	C. ASS/SERIES	FAR VALUE
			1,000	CWP	1.00
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 TIMOTHY MOISAO				Date 10/07/2019	
Signature of Authorized Representative 					

FILED

OCT 09 2019

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