RI SOS Filing Number: 201923756360 Date: 10/9/2019 10:33:00 AM

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

Annual Report for the year:
Corporation 2015

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

RECEIVED
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R.I. DEPT. OF STATE
BUSINESS SERVICES

1. Entity ID Number	2. Exact name of the Corporation		
000797423	STEM ELECTRICAL INC.		
3. Principal Office Address	City	State	Zip
116 STEVE LOPES WAY	WOONSOCKET	RI	02895
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
238210	ELECTRICAL CONTRACTOR		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
TIMOTHY MOISAO			STEPHANIE MOISAO		
Street Address			Street Address		
116 STEVE LOPES WAY			116 STEVE LOPES WAY		
City	State	Zip	City	State	Zip
WOONSOCKET	RI	02895	WOONSOCKET	RI	02895
Secretary Name			Treasurer Name		
STEPHANIE MOISAO			TIMOTHY MOISAO		
Street Address			Street Address		
116 STEVE LOPES WAY			116 STEVE LOPES WAY		
City	State	Zip	City	State	Zip
WOONSOCKET	RI	02895	WOONSOCKET	RI	02895

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
TIMOTHY MOISAO			STEPHANIE MOISAO		
Street Address			Street Address		
116 STEVE LOPES WAY			116 STEVE LOPES WAY		
City	State	Zip	City	State	Zip
WOONSOCKET	RI	02895	WOONSOCKET	RI	02895
Director Name			Director Name		
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR 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	Date
TIMOTHY MOISAO	10/07/2019

Signature of Authorized Representative

FILED
OCT 09 2019

KL V55K8
10:33

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017