State of Rhode Island  Department of St	J			4/2023 4:00:00 F	'M _	<del></del>	,	
Annual Report for the y		-		FILED:				
<ul> <li>→ Filing period. February 1 - May 1</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty. Additional \$25.00 fee if form is not filed by May 31.</li> </ul>			BY AR 1 2023					
1. Entity ID Number	2. Exact name	of the Corporation				$\overline{}$	<del>\                                    </del>	
001667286	SEL Engineering Services, Inc.							
3. Principal Office Address 2350 NE Hopkins Court			City Pullman	-		State Zip WA 99163		
4. NAICS Code	6. Brief descrip	ption of the characte	er of business c	onducted in Rhode Isl	and			
541330 5. State of Incorporation NY	Engineering services							
				- 0				
7. List ALL officers (names and a President Name David E Whith	Vice-President Name  Check the box to indicate an attachment   Vice-President Name							
Street Address 2350 NE Hopkins Court			Street Address					
<sup>City</sup> Pullman	State WA	<sup>Zip</sup> 99163	City		State		Zip	
Secretary Name Joseph Nestegard			Treasurer Name					
Street Address 2350 NE Hopkins Court			Street Address					
<sup>City</sup> Pullman	State WA	<sup>Zip</sup> 99163	City		State		Zıp	
8. List ALL directors (names and	addresses)				ne box to ii	ndicate a	an attachment 🔲	
Director Name David E Whitehead			Director Name Joseph Nestegard					
Street Address 2350 NE Hopkins Court			Street Address 2350 NE Hopkins Court					
<sup>City</sup> Pullma	State WA	<sup>Zip</sup> 99163	<sup>City</sup> Pullman		State WA		<sup>Zip</sup> 99163	
Director Name David Costello			Director Name					
Street Address 2350 NE Hopkins Court			Street Address					
<sup>City</sup> Pullman	State WA	<sup>Z<sub>ip</sub></sup> 99163	Сфу		State		Zıp	
9. Shares Authorized		10. Shares Issu	ed Check		he box to indicate an attachment PAR VALUE			
This information is currently of record in the Department of State.  Changes require an additional filing.		28,934	NUMBER OF SHARES		CIASS/SERIES  Common 5.4		5.00	
11. This report must be executed trustee, this report must be execu					ation is in t	he hand	s of a receiver or	
Under penalty of perjury, I decl statements, and that all statem	are and affirm th	at I have examine	d this report, ii		panying s	chedule	s and	
Name of Authorized Representati		Date ,						
Jeremy Nickels Signature of Authorized Represer			2/28/2	<u>ა</u>				
Jeremy Nickelo					,,			

CCC617F64DC94F9
MAIL TO:

Division of Business Services

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

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