



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
DEPT OF STATE
MAR 29 2023

1. Entity ID Number 46774		2. Exact name of the Corporation OEM Supply, Inc.			
3. Principal Office Address Route 136, James Reynolds Road			City Swansea	State MA	Zip 02777
4. NAICS Code 443142		6. Brief description of the character of business conducted in Rhode Island Buying and selling of electrical parts and supplies at wholesale and/or retail.			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dale M. Souza			Vice-President Name Donna L. Souza		
Street Address 831 Highland Avenue			Street Address 831 Highland Avenue		
City Fall River	State MA	Zip 02720	City Fall River	State MA	Zip 02720
Secretary Name Donna L. Sousa			Treasurer Name Dale M. Souza		
Street Address 831 Highland Avenue			Street Address 831 Highland Avenue		
City Fall River	State MA	Zip 02720	City Fall River	State MA	Zip 02720
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Dale M. Souza			Director Name Donna L. Souza		
Street Address 831 Highland Avenue			Street Address 831 Highland Avenue		
City Fall River	State RI	Zip 02720	City Fall River	State MA	Zip 02720
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 Dale M. Souza, President					Date 3/11/2023
Signature of Authorized Representative <i>Dale M. Souza</i>					

MB
FILED 1052
MAR 29 2023
BY 14529

MAIL TO:
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