. RI SOS Filing Number: 202335729100 Date: 5/16/2023 3:19:00 PM

State of Rhode Island and Providence Plantations

Annual Report for the year: Corporation → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1.			RECEIVED P.I. DEPT. OF STATE P.I.S SYDER			DECENTED Lington Strong	
1. Entity ID Number 001659322		of the Corporation /stems, Inc.	2023 HAY 16 ₱ 3: 18				
3. Principal Office Address 275 Billerica Road; Suite 3			City Chelmsford	ı	State MA	Zip 01824	
4. NAICS Code 334310 5. State of Incorporation MA		6. Brief description of the character of business conducted in Rhode Island Sales, Service, Installation and Training of Audio Visual Equipment					
7. List ALL officers (names and President Name	Check the box to indicate an attachment Vice-President Name						
President Name Kimberly A. Bishop Street Address 275 Billerica Road; Suite 3			Street Address 275 Billerica Road; Suite 3				
City Chelmsford	State MA	^{Zip} 01824	City Chelms		State MA	Zip 01824	
Secretary Name Leslie C. Bishop			Treasurer Name Leslie C. Bishop				
Street Address 275 Billerica Road; Suite 3			Street Address 275 Billerica Road, Suite 3				
City Chelmsford	State MA	^{Zip} 01824	City Chelmsford		State MA	Zip 01824	
8. List ALL directors (names and addresses)			Check the box to indicate an attachment				
Director Name Kimberly A. Bis	hop		Director Name	Leslie C. Bishop			
Street Address 47 Drexel Drive			Street Address 47 Drexel Drive				
City North Chelmsford	State MA	^{Zip} 01863	City North Chelmsford		State MA	Zip 01863	
Director Name David E. Bishop			Director Name				
Street Address 3 Lovett Lane			Street Address				
City North Chelmsford	State MA	^{Zip} 01863	City	·	State	Zıp	
9. Shares Authorized		10. Shares Issu		Check CLASS/SERIE		ndicate an attachment	
This information is currently of record in the Department of State,		10000			S PAR VALUE		
Changes require an additional filing.					<u>.</u>		
11. This report must be execute trustee, this report must be exe Under penalty of perjury, I de statements, and that all state Name of Authorized Represent Kimberly A. Bishop	cuted on behalf of t clare and affirm the ments contained i ative	he corporation by the	ne receiver or tr d this report, i	ustee,		chedules and	
Signature of Authorized Repres	Suskap	Preside	et.	FILED			

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 2:19

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