RI SOS Filing Number: 202458954610 Date: 8/20/2024 11:20:00 AM

State of Rhode Island Department of St	ate - Busines	s Services D	Division			RECERT		
Annual Report for the year: Corporation -	<u> </u>							
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.				1.12.0 2.53.0 2.53.0				
2. Exact name of the Corporation Consider Electric Motor Service, Inc.								
3. Principal Office Address 197 Chestnut Street			City Warwi o	ck	State RI		Zip 02888	
4. NAICS Code 811310	6. Brief description of the character of business conducted in Rhode Island Sell, repair and service electric motors.							
5. State of Incorporation RI								
7. List ALL officers (names and addresses)				Check the box to indicate an attachment				
President Name Stephanie Seeber				Vice-President Name Stephanie Seeber				
Street Address 21 Fern Street			Street Address 21 Fern Street					
^{City} Warwick	State RI	^{Zip} 02889	^{City} Wan		State	RI	^{Zip} 02889	
Secretary Name Stephanie Sec	Treasurer Name Stephanie Seeber							
Street Address 21 Fern Street			Street Address 21 Fern Street					
^{City} Warwick	State RI	^{Zip} 02889	^{City} War	wick	State	RI	^Z 02889	
8. List ALL directors (names and a		<u> </u>	Director No	Check	the box to inc	licate an att	achment 🔲	
Director Name Stephanie Seeber			Director Name None					
Street Address 21 Fern Street			Street Address None					
^{City} Warwick	State RI	^{Zip} 02889	^{City} None		State	None	None	
Director Name None			Director Name None					
Street Address None			Street Address None					
^{City} None	State None	^{Z_{ip}} None	^{City} None		State	None	None	
Shares Authorized 10. Ship information is currently of record in the			O. Shares Issued Check the NUMBER OF SHARES CLASSISERI			box to indicate an attachment PAR VALUE PAR VALUE		
Department of State. Changes require an additional filing.		800		CNP		0.00		
		None		None		None		
11. This report must be executed of ceiver or trustee, this report must to	e executed on be	half of the corpora	ation by the r	eceiver or trustee.				
Under penalty of perjury, I decla statements, and that all stateme			correct.		ccompanyin	ig scrieduie	es and	
Name of Authorized Representative Stephanie Seeber			** FILED			Date 05/31/2024		
Signature of Authorized Representative AUG 2 0 2024								
	eleb	8Y.	UNT	X K				
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhod	e Island 02904-2615]	120	FS				

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

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