



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
24 AUG 20 AM 11:15

1. Entity ID Number 000044171		2. Exact name of the Corporation Electric Motor Service, Inc.			
3. Principal Office Address 197 Chestnut Street			City Warwick	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 <input type="checkbox"/>					
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 Warwick	State RI	Zip 02889
Secretary Name Stephanie Seeber			Treasurer Name Stephanie Seeber		
Street Address 21 Fern Street			Street Address 21 Fern Street		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip None
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
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
		800	CNP	0.00	
		None	None	None	
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 Stephanie Seeber				Date AUG 20 2024 05/31/2024	
Signature of Authorized Representative <i>Stephanie Seeber</i>				BY <i>SNZxK</i> <i>HLG</i> <i>KS</i>	

MAIL TO:
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