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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
160922	STEPHEN'S DISTRIBUTORS, INC.			
3. Street Address Principal Business Office		City	State	Zip
265 DON AVE		RUMFORD	RI	02916
4. Business Phone No.	5. State of Incorporation			
4015243387	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
paper, plastic & foam, full line of specialty products

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
STEPHEN MAROTO			STEPHEN MAROTO		
Street Address			Street Address		
265 DON AVENUE			265 DON AVENUE		
City	State	Zip	City	State	Zip
RUMFORD	RI	02916	RUMFORD	RI	02916
Secretary Name			Treasurer Name		
STEPHEN MAROTO			STEPHEN MAROTO		
Street Address			Street Address		
265 DON AVENUE			265 DON AVENUE		
City	State	Zip	City	State	Zip
RUMFORD	RI	02916	RUMFORD	RI	02916

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
STEPHEN MAROTO			NONE		
Street Address			Street Address		
265 DON AVENUE					
City	State	Zip	City	State	Zip
RUMFORD	RI	02916			
Director Name			Director Name		
NONE			NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐			**10. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000	COMMON	NO PAR VALUE	100	COMMON	NO PAR VALUE
			THIS SECTION MUST BE COMPLETED		

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.

Signature *Date* 3-1-08

STEPHEN MAROTO
Print or Type Name

PRESIDENT
Title

FILED
File Date
Check No. APR 01 2008
By: By DS 5171
FOR SECRETARY OF STATE USE ONLY

21645-35-250147

Form 630 Rev. 12/06