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STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	*2. Name of Corporation*
99545	STEPHEN PUTNEY & ASSOCIATES, INC.

3. Street Address Principal Business Office	*City*	*State*	*Zip*
369 South Main Street	Providence	RI	02903

4. Business Phone No.	*5. State of Incorporation*	*6. SIC Code*
401-521-3100	Rhode Island	

7. Brief Description of the Character of Business Conducted in Rhode Island
Sales and repair of carpeting and all types of floorcovering.

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

President Name	*Street Address*	*City*	*State*	*Zip*
Stephen Putney	113 Hess Avenue	Warwick	RI	02889

Vice President Name	*Street Address*	*City*	*State*	*Zip*
Stephen Putney	113 Hess Avenue	Warwick	RI	02889

Secretary Name	*Street Address*	*City*	*State*	*Zip*
Stephen Putney	113 Hess Avenue	Warwick	RI	02889

Treasurer Name	*Street Address*	*City*	*State*	*Zip*
Elizabeth Putney	113 Hess Avenue	Warwick	RI	02889

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

Director Name	*Street Address*	*City*	*State*	*Zip*
Stephen Putney	113 Hess Avenue	Warwick	RI	02889

Director Name	*Street Address*	*City*	*State*	*Zip*
Elizabeth Putney	113 Hess Avenue	Warwick	RI	02889

Director Name	*Street Address*	*City*	*State*	*Zip*

Director Name	*Street Address*	*City*	*State*	*Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000	Common	No Par Value

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000	Common	No Par

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] 9 9 5 4 5

[redacted]

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.

1-9-09
Signature of Officer *Date*

Stephen Putney
Print or Type Name of Officer

[redacted] President
Title of Officer

File Date	1-13-09
Check No.	9505
By:	mmc

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