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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 2009

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			
14429	The John Stevens Shop, Inc			
3. Street Address Principal Business Office		City	State	Zip
29 Thames St.		Newport	RI	02840
4. Business Phone No.	5. State of Incorporation			
401.846.0566	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island

CARVING LETTERS IN STONE FOR GRAVESTONES & ARCHITECTURAL APPLICATIONS

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

President Name	Street Address	City	State	Zip
Nicholas Benson	29 Thames St.	Newport	RI	02840

Vice President Name	Street Address	City	State	Zip
John Benson	40 High St.	Jamestown	RI	02835

Secretary Name	Street Address	City	State	Zip
As ABOVE	"	"	"	"

Treasurer Name	Street Address	City	State	Zip
As ABOVE	"	"	"	"

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

Director Name	Street Address	City	State	Zip
Nicholas Benson	12 1/2 Park St.	Newport	RI	02840
Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
John Benson	40 High St.	Jamestown	RI	02835
Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

200 NO PAR

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
0		

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.

[redacted] [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.

Nicholas Benson 2/16/09
Signature *Date*

Nicholas Benson
Print or Type Name

[redacted] OWNER / PRES
Title

File Date	FILED
Check No.	FEB 17 2009
By	By 7417

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Form 630 Rev. 08/08