

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 2012

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(cord)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 43232	2. Name of Corporation STONE TOWER PROPERTIES, INC.				
3. Street Address Principal Business Office 545 SOUTH MAIN STREET			PROVIDENCE	State RI	Zip 02903
4. Business Phone No. 5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character REAL ESTATE BROKERA	of Business Conducted in R GE	bode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name ROBERT E. NICKERSON			ICHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name STEPANIE A. NICKERSON		
Street Address KING CHARLES DRIVE			Street Address KING CHARLES DRIVE		
PORTSMOUTH	State RI	Ζφ 02871	City PORTSMOUTH	State RI	^{Zip} 02871
Secretary Name ROBERT E. NICKERSON			Treasurer Name ROBERT E. NICKERSON		
Street Address KING CHARLES DRIVE			Street Address KING CHARLES DRIVE		
PORTSMOUTH	State RI	^{Zip} 02871	City PORTSMOUTH	State RI	^{Zip} 02871
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name ROBERT E. NICKERSON Street Address			NONE		
KING CHARLES DRIVE			Street Address		
PORTSMOUTH	State RI	Ζψ 02871	City	State	Zip
Director Name NONE			NONE		
Street Address			Street Address		
City	State	Zψ	Сиу	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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.			Number of Shares	Class/Series	Par Value
			200	COMMON	NO PAR VALUE
This report must be executed this report must be executed or	on behalf of the corpo on behalf of the corpo	oration by an authorize ration by the receiver o	d representative. If the cor or trustee.	rporation is in the hands	of a receiver or trustee,
J***	LEW		including any accom	panying schedules and stat	at I have examined this repor ements, and that all statemen
File Date JAN &	27 2018		contained hereingare	Luckeum.	1-23-12
Check No. 70 48	30		Stignature ROBERT E. N	NICKERSON	Date
By:FOR SECRETARY OF STA	TE USE ONLY		Print or Type Name PRESIDENT		
			Title		Form 630 Rev. 08/08