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**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**
**Office of the Secretary of State - Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

**Filing Period:** January 1 - March 1 • **This report must be typed or printed legibly.**
**Filing Fee:** $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

| 1. Entity ID No. | 2. Exact name of the Corporation |
|---|---|
| 13784 | STANLEY CONSTRUCTION, INC. |

| 3. Principal office address | City | State | Zip |
|---|---|---|---|
| P. O. Box 374, Meadow Lane | Charlestown | RI | 020813 |

| 4. Business Phone No. | 5. State of Incorporation |
|---|---|
| ~~322-9258~~ 7421854 | Rhode Island 02813 |

6. Brief description of the character of business conducted in Rhode Island
construction and building supply business, real estate and related fields

**7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| President Name | Vice-President Name |
|---|---|
| STANLEY PUCHALSKI | STANLEY PUCHALSKI |
| Street Address: P. O. Box 374 | Street Address: P. O. Box 374 |
| City: Charlestown, State: RI, Zip: 02813 | City: Charlestown, State: RI, Zip: 02813 |
| **Secretary Name** | **Treasurer Name** |
| STANLEY PUCHALSKI | STANLEY PUCHALSKI |
| Street Address: P. O. Box 374 | Street Address: P. O. Box 374 |
| City: Charlestown, State: RI, Zip: 02813 | City: Charlestown, State: RI, Zip: 02813 |

**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| Director Name | Director Name |
|---|---|
| STANLEY PUCHALSKI | |
| Street Address: P. O. Box 374 | Street Address: |
| City: Charlestown, State: RI, Zip: 02813 | City: , State: , Zip: |
| Director Name: | Director Name: |
| Street Address: | Street Address: |
| City: , State: , Zip: | City: , State: , Zip: |

| 9. SHARES AUTHORIZED | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ | | |
|---|---|---|---|
| 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 |
| | 100 | Common | No par value |
| | | | |

*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.*

FILED

**File Date** FEB 14 2012
**Check No** 11980
**By:**
**FOR SECRETARY OF STATE USE ONLY**

**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.**

Stanley Puchalski 2/12/12
Signature of Authorized Representative — Date

STANLEY PUCHALSKI
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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