



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 2014**

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. <b>32382</b>		2. Exact name of the Corporation <b>STAND CORPORATION</b>					
3. Principal office address <b>105 PENNSYLVANIA AVENUE</b>				City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>	
4. Business Phone No. <b>401.737.8420</b>				5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>CONSTRUCTION</b>							
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>							
President Name <b>RONALD CANIGLIA</b>				Vice-President Name <b>CRAIG SUTTON</b>			
Street Address <b>36 PARKWAY AVENUE</b>				Street Address <b>2 SIMON TEMPLAR DRIVE</b>			
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02905</b>		City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	
Secretary Name <b>CRAIG SUTTON</b>				Treasurer Name <b>RONALD CANIGLIA</b>			
Street Address <b>2 SIMON TEMPLAR DRIVE</b>				Street Address <b>36 PARKWAY DRIVE</b>			
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>		City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02905</b>	
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>							
Director Name <b>NONE</b>				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
<b>9. SHARES AUTHORIZED</b>				<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
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	

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**

DEC 30 2013

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.

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_ BY \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

57062 *[Signature]* 122713

Signature of Authorized Representative Date

**CRAIG SUTTON**

Print or Type Name of Authorized Representative