



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 **2015**

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. 13793		2. Exact name of the Corporation STANLEY GRANITE COMPANY, INC.			
3. Principal office address 91 PAWTUCKET AVENUE		City RUMFORD	State RI	Zip 02916	
4. Business Phone No. 401-434-4064		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island Retail business of furnishing cemetery monuments, markers, and custom lettering to order.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DAVID E. CZERWONKA		Vice-President Name EDWARD S. CZERWONKA			
Street Address 2 PAWTUCKET AVENUE		Street Address 223 DON AVENUE			
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
Secretary Name EDWARD S. CZERWONKA		Treasurer Name DAVID E. CZERWONKA			
Street Address 223 DON AVENUE		Street Address 2 PAWTUCKET AVENUE			
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name EDWARD S. CZERWONKA		Director Name DAVID E. CZERWONKA			
Street Address 223 DON AVENUE		Street Address 2 PAWTUCKET AVENUE			
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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	NONE	

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY BY **16338**

FILED

FEB 05 2015

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.

David E. Czerwonka
Signature of Authorized Representative

01/26/2015

Date

DAVID E. CZERWONKA

Print or Type Name of Authorized Representative