

## 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.	2. Exact na	2. Exact name of the Corporation						
94414	Stanley	Stanley Logging, Inc.						
3. Principal office address 115 Reservoir Road			City Coventry	State RI	Zip <b>02816</b>			
I. Business Phone No. 821-3300			5. State of Incorporation RI					
6. Brief description of the cl To engage in the ge		s conducted in Rhode Island Dusiness						
	IAMES NO ADD	iesijion (Nebelo) (Hebota)						
resident Name Steven B. Tallman			Vice-President Name  Maryann Tallman					
Street Address 115 Reservoir Road			Street Address 115 Reservoir Road					
City Coventry	State RI	Zip <b>02816</b>	City Coventry	State RI	Zip <b>02816</b>			
ecretary Name Maryann Tallman			Treasurer Name Steven B. Tallman					
Street Address 115 Reservoir Road			Street Address 115 Reservoir Road					
ity Coventry	State RI	Zip <b>02816</b>	City Coventry	State <b>R</b> I	Zip <b>02816</b>			
	(NAMES AND ADO	RESSES) ("X" BOX FÖR	ATTACHMENT)		C. 1788			
irector Name Steven B. Tallman			Director Name Maryann Taliman					
treet Address 115 Reservoir Road			Street Address 115 Reservoir F	Road				
ity Coventry	State <b>RI</b>	Zip <b>02816</b>	City Coventry	State RI	Zip <b>02816</b>			
irector Name			Director Name					
Street Address			Street Address					
ity	State	Zip	City	State	Zip			
SHARES AUTHORIZED	2. 7.3(4)		10. SHARES ISSUE	XVX BOX FOR ATTACH	MENT)			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE			
als information is currently of record in the Office of the Secretary State. Changes require an additional filing. See Section 9 of Instruction sheet.		100	A Common	No par value				
This report must be execut	ed on behalf of the this report mu	corporation by an authorize	 d representative. If the	 corporation is in the hands	of a receiver or trustee			

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	(Harara)			
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**FILED** 

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Form No. 630 Revised: 01/2012

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.

Signature of Authorized Representative

ntative

Date

Steven B. Tallman

Print or Type Name of Authorized Representative