



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 2016

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. <u>54826</u>		2. Exact name of the Corporation <u>STAMP ONE, INC.</u>			
3. Principal office address <u>600 PARK AVENUE</u>			City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02910</u>
4. Business Phone No. <u>401-461-1155</u>		5. State of Incorporation			
6. Brief description of the character of business conducted in Rhode Island <u>DISTRIBUTOR OF PREHROOM EQUIPMENT</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>JOHN BLACKMAR</u>			Vice-President Name		
Street Address <u>TEA HOUSE LANE</u>			Street Address		
City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02889</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>JOHN BLACKMAR</u>			Director Name		
Street Address <u>TEA HOUSE LANE</u>			Street Address		
City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02889</u>	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) <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
			<u>100</u>		

FILED

FEB 12 2016

File Date

Check No. 009224

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.

Signature of Authorized Representative

2/9/16

Date

JOHN BLACKMAR
 Print or Type Name of Authorized Representative