



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

FILE

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. 000163646		2. Exact name of the Corporation Stalise, Inc.			
3. Principal office address 105 Clock Tower Square		City Portsmouth	State RI	Zip 02871	
4. Business Phone No. 401-293-5445		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Retail Clothing and Accessories Boutique					
LIST ALL OFFICERS (NAMES AND ADDRESSES) IN "X" BOX FOR ATTACHMENT					
President Name Lisa A. Hurd		Vice-President Name Stacey J. Downing			
Street Address 105 Clock Tower Square		Street Address 105 Clock Tower Square			
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Lisa A. Hurd		Treasurer Name Stacey J. Downing			
Street Address 105 Clock Tower Square		Street Address 105 Clock Tower Square			
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
LIST ALL DIRECTORS (NAMES AND ADDRESSES) IN "X" BOX FOR ATTACHMENT					
Director Name		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
SHARES AUTHORIZED					
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	
		1000.00	STK	0.01	
SHARES ISSUED IN "X" BOX FOR ATTACHMENT					

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SECRETARY OF STATE
CORPORATIONS DIV
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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:
FOR SECRETARY OF STATE USE ONLY

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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: Stacey J. Downing Date: 2/18/16
Print or Type Name of Authorized Representative