State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not ¿led by April 1.

1. Entity ID Number	2. Exact name of the Corporation			
76108	Stamp Farms Enterprises, Inc.			
3. Principal Of¿ce Address		City	State	Zip
219 Comstock Pkwy		Cranston	RI	02921
4. Business Phone Number		5. State of Incorporation		
(401) 942-4742		RI		

6. Brief description of the character of business conducted in Rhode Island
farming

7. List ALL of¿cers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
William M. Stamp Jr.			Carol J. Stamp		
Street Address			Street Address		
One Stamp Place					
City	State	Zip	City	State	Zip
Exeter	RI	02822	Exeter	RI	02822
Secretary Name			Treasurer Name		
Ann L. Stamp			William M. Stamp III		
Street Address			Street Address		
219 Comstock Pkwy			219 Comstock Pkwy		
City	State	Zip	City	State	Zip
Cranston	RI	02921	Cranston	RI	02921

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
none					
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional ¿ling.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
none		

11. 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.

Under penalty of perjury, I declare and af¿rm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
William M. Stamp Jr.	7/20/16

Signature of Authorized Representative

FILED

SEP 19 2016

By 10511

FORM 630

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov