



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 1001555		2. Exact name of the Corporation LISA STANTON CONSULTING, INC.			
3. Principal Office Address 1326 Narragansett Boulevard		City Cranston		State RI	Zip 02905
4. NAICS Code 54 - Professional, Scientific, an		6. Brief description of the character of business conducted in Rhode Island Strategic consulting			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lisa Stanton			Vice-President Name Lisa Stanton		
Street Address 1326 Narragansett Boulevard			Street Address 1326 Narragansett Boulevard		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
Secretary Name Lisa Stanton			Treasurer Name Lisa Stanton		
Street Address 1326 Narragansett Boulevard			Street Address 1326 Narragansett Boulevard		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lisa Stanton			Director Name		
Street Address 1326 Narragansett Boulevard			Street Address		
City Cranston	State RI	Zip 02905	City	State	Zip
Director Name			Director Name		
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 filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100 Common No Par		
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 affirm 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 Lisa Stanton			Date 1/13/17		
Signature of Authorized Representative 			SIGN DOCUMENT HERE FILED		

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

JAN 17 2017

BY

FORM 630 - Revised 10/2016