



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 13793		2. Exact name of the Corporation STANLEY GRANITE COMPANY, INC.			
3. Principal Office Address 91 PAWTUCKET AVENUE			City RUMFORD	State RI	Zip 02916
4. NAICS Code 53		6. Brief description of the character of business conducted in Rhode Island Retail business of furnishing cemetery monuments, markers, and custom lettering to order.			
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 DAVID E. CZERWONKA			Vice-President Name EDWARD S. CZERWONKA		
Street Address 241 DON AVENUE			Street Address 223 DON AVENUE		
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
Secretary Name EDWARD S. CZERWONKA			Treasurer Name DAVID E. CZERWONKA		
Street Address 223 DON AVENUE			Street Address 241 DON AVENUE		
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name EDWARD S. CZERWONKA			Director Name DAVID E. CZERWONKA		
Street Address 223 DON AVENUE			Street Address 241 DON AVENUE		
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
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 100	CLASS/SERIES COMMON	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 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 DAVID E. CZERWONKA				Date 01/10/20	
Signature of Authorized Representative 				FILED JAN 17 2017 BY 017900	

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