



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 <u>124184</u>		2. Exact name of the Corporation <u>SHAWN MONUMENT INC.</u>			
3. Principal Office Address <u>360 Bradford Rd.</u>			City <u>Bradford</u>	State <u>RI</u>	Zip <u>02808</u>
4. NAICS Code <u>81</u>		6. Brief description of the character of business conducted in Rhode Island <u>Monument Sales</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Roger J. SHAWN JR.</u>			Vice-President Name <u>Roger J. SHAWN JR.</u>		
Street Address <u>360 Bradford Rd</u>			Street Address		
City <u>Bradford</u>	State <u>RI</u>	Zip <u>02808</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) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>Roger J. SHAWN JR.</u>			Director Name		
Street Address <u>360 Bradford Rd.</u>			Street Address		
City <u>Bradford</u>	State <u>RI</u>	Zip <u>02808</u>	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 <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <u>600</u>	CLASS/SERIES <u>COMMON</u>	PAR VALUE <u>NO PAR</u>
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 <u>Roger J. Shawn Jr.</u>					Date <u>1-12-17</u>
Signature of Authorized Representative					

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

**FILED**

JAN 17 2017

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FORM 630 - Revised: 10/2016