

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual	Report	for	the	year:
Corpora	ation			

2017

2017 FED -3 ALS 10: 54

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

Entity ID Number	<ol><li>Exact name o</li></ol>	f the Corporation							
13916	STARDO	ITE REA	UTY C	02POTATION					
Principal Office Address			City		State		Zip		
308 Summit	20		CRAN	ISTON	2I		02920		
4. NAICS Code	6. Brief description	on of the characte	r of business of	conducted in Rhode Isl					
<i>5</i> 3	REAL ESTATE								
5. State of Incorporation	1								
Phode Island 7. List ALL officers (names and add	resses)			Check th	e boy to i	ndicato	an attachment		
President Name			Vice-Presiden		ie box to i	iluicate i	an attachment		
Lyone A MARKA	21AN Whe ColANGER								
Street Address	Street Address								
City BEECH WOOD	State	Zip	るひら City	Summit Da	I Charles		Tz:_		
CRANSTON	P_I	02921	CRANS	State LI		Zip の2920			
Secretary Name	<u> </u>	<u> </u>	Treasurer Name						
			Julie	ColAngelo	9		<u> </u>		
Street Address			Street Address 308 SOMMIT DR						
City	State	Zip	City	30 MIMILE D	State		Zip		
			CRANSTON		21		02920		
8. List ALL directors (names and ad	dresses)				ne box to i	ndicate a	an attachment 🔲		
Director Name			Director Name						
Street Address	KARIAN		July		RC.				
125 Beachway	. Da		Street Address	Sommit	DR	-			
City	State	Zip	City		State		Zip		
CRINSTON	(C.)	02921	CRAN		12.1		02920		
Director Name  Director Name									
Street Address			Street Address						
		1							
City	State	Zip	City		State		Zip		
9. Shares Authorized		10. Shares Issue	d.	Check th	e box to ir	ndicate a	an attachment 🔲		
This information is currently of record	in the	NUMBER OF S		CLASS/SERIES			PAR VALUE		
Department of State.		200		C momma	,	lun.	PAR Value		
Changes require an additional filing.		700		Common		20	YAR VINE		
11. This report must be executed on	behalf of the corp	ooration by an aut	horized repres	entative. If the corpora	ition is in t	he hand	s of a receiver or		
trustee, this report must be executed	on behalf of the	corporation by the	receiver or tri	ustee.		- htt-			
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					Date		,		
Julie Colangela					2/2/17				
Julie Colangela Signature of Authorized Representative  1217									
Lilie Calangila Calangila									
MAIL TO: // FEB 0 3 2017									

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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