



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 14145		2. Exact name of the Corporation STEBENNE REALTY, LTD.			
3. Principal Office Address c/o John J. Finan, Jr., Esq., 24 Spring Street			City Pawtucket	State RI	Zip 02860
4. NAICS Code 53 - Real Estate and Rental anc		6. Brief description of the character of business conducted in Rhode Island THE GENERAL REAL ESTATE BUSINESS			
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 Raymond C. Stebenne			Vice-President Name None		
Street Address 49 Marlaine Drive			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
Secretary Name John J. Finan, Jr.			Treasurer Name Raymond C. Stebenne		
Street Address 24 Spring Street			Street Address 49 Marlaine Drive		
City Pawtucket	State RI	Zip 02860	City Seekonk	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			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 filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 300 SHS.	CLASS/SERIES COMMON	PAR VALUE 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. <i>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.</i>					
Name of Authorized Representative Raymond C. Stebenne, President					Date
Signature of Authorized Representative <i>R.C. Stebenne</i>					

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

