



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 76108		2. Exact name of the Corporation Stamp Farms Enterprises, Inc.			
3. Principal Office Address 219 Cornstock Pkwy			City Cranston	State RI	Zip 02921
4. NAICS Code 11		6. Brief description of the character of business conducted in Rhode Island farming			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William M. Stamp Jr.			Vice-President Name Carol J. Stamp		
Street Address One Stamp Place			Street Address One Stamp Place		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Secretary Name Ann L Stamp			Treasurer Name William M. Stamp III		
Street Address 219 Cornstock Pkwy			Street Address 219 Cornstock Pkwy		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name none			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	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 William M. Stamp Jr.				Date 2/18/17	
Signature of Authorized Representative 					

FILED

FEB 23 2017

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