



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 Forms Enterprises, Inc.	
3. Principal Office Address 219 Cornstock Pkwy		City Cranston	State RI
4. NAICS Code 11		6. Brief description of the character of business conducted in Rhode Island farming	
5. State of Incorporation RI		Zip 02921	
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	City Exeter	State RI
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	City Cranston	State RI
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	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. Shares Authorized 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.			
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES	
None		PAR VALUE	
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 III		Date 2/18/17	
Signature of Authorized Representative			

FILED

FEB 23 2017

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