



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 14082		2. Exact name of the Corporation STAUCH VETROMILE & MITCHELL ADVERTISING, INC.			
3. Principal Office Address 2 CHARLES STREET, 3RD FLOOR NORTH		City PROVIDENCE		State RI	Zip 02904
4. NAICS Code 54 - Professional, Scientific, and Technical Services		6. Brief description of the character of business conducted in Rhode Island ADVERTISING SERVICES			
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 Robert W. Vetromile, Jr.			Vice-President Name None		
Street Address 18 Brentonwood Avenue			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name Robert W. Vetromile, Jr.			Treasurer Name Robert W. Vetromile, Jr.		
Street Address 18 Brentonwood Avenue			Street Address 18 Brentonwood Avenue		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert W. Vetromile, Jr.			Director Name None		
Street Address 18 Brentonwood Avenue			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Director Name None			Director Name None		
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	
1249		Common		\$1.00 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 Robert W. Vetromile, Jr.					Date
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

FEB 27 2017

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FORM 630 - Revised: 10/2016