



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**STAMP**

**Annual Report for the year: 2017**  
**Corporation**

FOR

- 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 <b>139036</b>		2. Exact name of the Corporation <b>Driveways by R. Stanley, Jr., Inc.</b>			
3. Principal Office Address <b>794 Slocum Road</b>		City <b>Saunderstown</b>		State <b>RI</b>	Zip <b>02874</b>
4. NAICS Code <b>81 - Other Services (except Pul</b>		6. Brief description of the character of business conducted in Rhode Island <b>To Operate a Paving Business</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Richard Stanley, Jr.</b>			Vice-President Name		
Street Address <b>794 Slocum Road</b>			Street Address		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City	State	Zip
Secretary Name <b>Lisa Stanley</b>			Treasurer Name <b>Lisa Stanley</b>		
Street Address <b>794 Slocum Road</b>			Street Address <b>794 Slocum Road</b>		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Richard Stanley, Jr.</b>			Director Name <b>Lisa Stanley</b>		
Street Address <b>794 Slocum Road</b>			Street Address <b>794 Slocum Road</b>		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>
Director Name			Director Name		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>200</b>	<b>Common</b>	<b>No Par</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>Richard Stanley, Jr.</b>					Date <b>2/27/17</b>
Signature of Authorized Representative <i>Richard Stanley, Jr.</i>					

SIGN DOCUMENT HERE **FILED**

**MAR 03 2017**

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

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