



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 59153		2. Exact name of the Corporation STILLWATER REALTY INC.			
3. Principal Office Address 683 MINERAL SPRING AVE		City PAWTUCKET	State RI	Zip 02860	
4. NAICS Code 53	6. Brief description of the character of business conducted in Rhode Island To own & manage commercial or industrial property, To lease, purchase, convey.				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOSEPH M BELLIVEAU			Vice-President Name NORMAN J. BELLIVEAU JR.		
Street Address 683 MINERAL SPRING AVE.			Street Address 683 MINERAL SPRING AVE.		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Secretary Name NORMAN J BELLIVEAU JR.			Treasurer Name NORMAN J. BELLIVEAU JR.		
Street Address 683 MINERAL SPRING AVE.			Street Address 683 MINERAL SPRING AVE.		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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
			200	STK	0.00
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 NORMAN J. BELLIVEAU JR.				Date 3/20/17	
Signature of Authorized Representative <i>Norman J Belliveau Jr.</i>				FILED	
				3/20/17	

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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