



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 13826		2. Exact name of the Corporation Stapoco, Inc.			
3. Principal office address 219 Pelletier Lane			City Tiverton	State RI	Zip 02878
4. Business Phone No. 401-624-8106			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Ownership of common land in Stapoco Condominium.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ms. Dawn M. Banville			Vice-President Name Mr. Antone Arruda, Jr.		
Street Address 219 Pelletier Lane			Street Address 472 Old Bedford Road		
City Tiverton	State RI	Zip 02878	City Westport	State MA	Zip 02790
Secretary Name Mrs. Claire Chace			Treasurer Name Mrs. Virginia Roy Greenzang		
Street Address 165 Kearns Avenue			Street Address 7 Claflin Path		
City Tiverton	State RI	Zip 02878	City Brookline	State MA	Zip 02445
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Ms. Dawn Banville			Director Name Ms. Claire Chace		
Street Address 219 Pelletier Lane			Street Address 165 Kearns Avenue		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Director Name Mrs. Virginia Roy Greenzang			Director Name Mr. Andre R. Lavoie		
Street Address 7 Claflin Path			Street Address 172 Pelletier Lane		
City Brookline	State MA	Zip 02445	City Tiverton	State RI	Zip 02878
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			0		

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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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.

x Dawn M. Banville 3/28/17
 Signature of Authorized Representative Date

Dawn M. Banville - President

Print or Type Name of Authorized Representative

Re: Stapoco, Inc.
ID No. 13826

Section 8 (Directors continued)

Ms. Margot Lavoie
700 Shore Drive, Unit 511
Fall River, MA 02721

Mr. Leonard Pilotte
330 Pelletier Lane
Tiverton, RI 02878

Mr. Antone Arruda, Jr.
472 Old Bedford Road
Westport, MA 02790