



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 155857		2. Exact name of the Corporation Cornerstone Industries, Inc.			
3. Principal Office Address West Beach Road			City Block Island	State RI	Zip 02807
4. NAICS Code 23		6. Brief description of the character of business conducted in Rhode Island Construction and tourist Services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Fletcher			Vice-President Name Robyne Fletcher		
Street Address P.O. Box 1084			Street Address P.O. Box 1084		
City Block Island	State RI	Zip 02807	City Westwood Block Isl	State RI	Zip 02807
Secretary Name Robyne Fletcher			Treasurer Name Robert Fletcher		
Street Address P.O. Box 1084			Street Address P.O. Box 1084		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert Fletcher			Director Name		
Street Address P.O. Box 1084			Street Address		
City Block Island	State RI	Zip 02807	City	State	Zip
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 Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 200	CLASS/SERIES A	PAR VALUE No 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 Fletcher				Date 6/1/2017	
Signature of Authorized Representative 					

FILED

JUN 05 2017

BY 1877

MAIL TO:
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 Website: www.sos.ri.gov