RI SOS Filing Number: 201855676910 Date: 1/5/2018 4:00:00 PM

State of Rhode Island and Department of Sta			vision			
Annual Report for the ye	_	018				
Corporation		010				
→ Filing period: January 1 - N → Filing Fee: \$50.00	farch 1					
→ Penalty: Additional \$25.00 for	ee if form is no	t filed by April 1.				
1. Entity ID Number	2. Exact name	of the Corporation				
001673627	Stil	Lunder		CORP.		
3. Principal Office Address	1		City		State	Zip
71 libera			CRanst		RI	024.07
4. NAICS Code		ption of the character		ucted in Rhode Ista	ind	
812 199	ta	.ttoo sh	OP			
5. State of Incorporation	ŀ		•			
代 <u></u> 7 Link ALL officers (compared and	400000	·		Charle th	a hay ta india	ata an attachmant 🗔
7. List ALL officers (names and ad President Name	Check the box to indicate an attachment Vice-President Name					
John Bh	Street Address					
Street Address 18 Can 54	Succi vadi 633					
City	State	Zip	City		State	Zip
Providence Secretary Name	RI	02907	Treasurer Name		! 	
-						
Street Address	Street Address					
City	State	Zip	City		State	Ζίρ
8. List ALL directors (names and a Director Name Street Address	oddresses)		Director Name Street Address	Chack ti	ne box to indi	cate an attachment 🔲
City	State	Zip	City		State	Zip
Director Name	.l <u>-</u>		Director Name		<u> </u>	
			Street Address			
Street Address			Sired world?			
City	State	Zip	City		State	Zip
9. Shares Authorized		10. Shares Issu				icate an attachment
This information is currently of record in the Department of State.		NUMBER OF	SHARES	CLASS/SERIES		PAR VALLE
Changes require an additional filin		100				O
Changes reduite an additional limit	a.	Ì			1	
11. This report must be executed					ration is in the	hands of a receiver or
trustee, this report must be executively of perjury, I dec	uted on behalf o lare and affirm	or the corporation by that I have examine	ne receiver or trust ed this report, incl	tee. Iuding any accom	panying sch	redules and
statements, and that all staten	rents containe					
Name of Authorized Representati	1				Date	5/18
Signature of Authorized Represe		<u> </u>	7	FILED		1.0
	Ann	MYShoad	<u> </u>		_	
MAIL TO:	11	······································		JAN 0 5 201	0	
Division of Business Services 148 W. River Street, Providence, Rho	nde Island 02004	.2615		11221	102	
Phone: (401) 222-3040	Jac Island UZSU4*	2010	BY	74	· •0	RM 630 - Revised: 08/201
Website: www.sos.ri.gov					ru	ann and - Verigan' noith i