



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

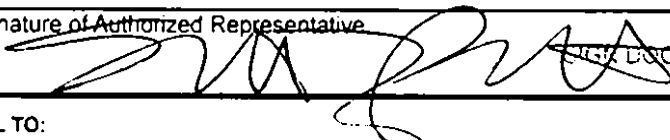
Annual Report for the year: **2018**
Corporation

STAMP

→ 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 000095872		2. Exact name of the Corporation CORNERSTONE SELF STORAGE, INC.			
3. Principal Office Address 236 Post Road		City Westerly		State RI	Zip 02891
4. NAICS Code 531130	6. Brief description of the character of business conducted in Rhode Island GENERALLY ENGAGE IN THE BUSINESS OF OWNING AND OPERATING A RETAIL SELF-STORAGE BUSINESS				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stanton J. Terranova, Jr.			Vice-President Name None		
Street Address 60 Atlantic Avenue			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Secretary Name Sheilia T. Beattie			Treasurer Name Sheilia T. Beattie		
Street Address 5 Whales View Drive			Street Address 5 Whales View Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stanton J. Terranova, Jr.			Director Name Sheilia T. Beattie		
Street Address 60 Atlantic Avenue			Street Address 5 Whales View Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
200		Common		None	
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 Sheilia T. Beattie					Date 1/9/19
Signature of Authorized Representative 					
SIGN DOCUMENT HERE FILED					

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

JAN 18 2018

BY 

FORM 630 - Revised: 10/2017