State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

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	2. Exact name of the Corporation
000032382	**Stand Corporation**

3. Principal Office Address	City	State	Zip
105 Pennsylvania Avenue	**Warwick**	**RI**	**02888**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
23 - Construction	**General Construction**
5. State of Incorporation	
Rhode Island	236118

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Ronald Caniglia	**Craig Sutton**
Street Address: **36 Parkway Avenue**	Street Address: **2 Simon Templar Drive**
City: **Cranston** State: **RI** Zip: **02905**	City: **Coventry** State: **RI** Zip: **02816**
Secretary Name: **Craig Sutton**	Treasurer Name: **Ronald Caniglia**
Street Address: **2 Simon Templar Drive**	Street Address: **36 Parkway Avenue**
City: **Coventry** State: **RI** Zip: **02816**	City: **Cranston** State: **RI** Zip: **02905**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**200**	**Common**	**No Par**

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	Date
Craig Sutton	1-26-18

Signature of Authorized Representative: SIGNATURE ATTACHED 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 29 2018
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FORM 630 - Revised: 10/2017