RI SOS Filing Number: 201857957440			Date: 2/9/2018 4:00:00 PM				
State of Rhode Island and Providence Plantations Department of State - Business Services Division						ကည်	
Annual Report for the yea	2018				<u>-</u>		
Corporation → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1.					AH IU: OR	STAT STAT	
1. Entity ID Number	2. Exact name of the Corporation						
000014902	R.E. STURDY COMPANY						
3. Principal Office Address 3 SPRUCE LANE			City BEI	570L	State P. I	. OZ809	
4. NAICS Code 96999	6. Brief description of the character of business conducted in Rhode Island						
99999 5. State of Incorporation	ELE	CTEOPLA	TING	ring			
P.1.	/						
7. List ALL officers (names and add	resses)		Y		e box to ind	icate an attachment 🔲	
President Name LLOYD PERKINS			Vice-President Name ROBERT PERKINS				
Street Address 91 BEVERLY ROAD			Street Address 36 FOGERS AVE				
City E. PROVIDENCE	State F.1.	^{ZID} 02915	City E. F	PROVIDENCE	State 121	^{Zip} 02915	
Secretary Name TOROTHY PERKINS-MCAULEY			THOMAS PERKINS				
Street Address 3 SPRUCE LANE			Street Address 735 WILLETT AVE				
City BRISTUL	State P	^{Zip} 02809	City 巨,P	ROVIDENCE	State	zip 02915	
8. List ALL directors (names and addresses) Check the box to indicate an attachment							
Director Name LLOYD PERKINS			Director Name ROBERT PERKINS				
Street Address 91 BEVERLY ROAD			Street Address 36 ROGERS AVE				
CITY E. PROVIDENCE	State FI	^{Zip} 02915	City E. Pi	20VIDENCE	State PI	Zip 02915	
Director Name DOROTHY PERKINS-MCAULEY			Director Name THOMAS PERKINS				
Street Address 3 SPRUCE LANE			Street Address 735 WILLETT AVE				
BEISTOL	State PI	02809	City E F	PROVIDENCE	State PI	zip02915	
9. Shares Authorized This Information is currently of record	1 In the	10. Shares Issued NUMBER OF SH		Check th CLASS/SERIES	e box to ind	icate an attachment PAR VALUE	
Department of State.		1620		35.00.00.00.00		Ø	
Changes require an additional filing.		102				~	
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 —DOROTHY PERKIN			•	IULEY	Date FE	B 9,2018	
Signature of Authorized Representative D. 44 P. L. M. S.							
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AAU TO:		. —		5	LED		

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FEB 0 9 2018
FORM 630 - Revised: 10/2017
BY 323844