



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

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 87540		2. Exact name of the Corporation S.T.A. ASSOCIATES, INC.			
3. Principal Office Address 33H KENT STREET			City BARRINGTON	State RI	Zip 02806
4. NAICS Code 53 110		6. Brief description of the character of business conducted in Rhode Island BUYING, SELLING, LEASING, MANAGEMENT OF REAL ESTATE			
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 JOHN ST. ANGELO			Vice-President Name JOHN ST. ANGELO		
Street Address 33H KENT STREET			Street Address 33H KENT STREET		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Secretary Name JOHN ST. ANGELO			Treasurer Name JOHN ST. ANGELO		
Street Address 33H KENT STREET			Street Address 33H KENT STREET		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOHN ST. ANGELO			Director Name		
Street Address 33H KENT STREET			Street Address		
City BARRINGTON	State RI	Zip 02806	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			20		COMMON
					PAR VALUE
					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. <i>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.</i>					
Name of Authorized Representative JOHN ST. ANGELO					Date <i>1/28/18</i>
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					FILED FEB 28 2018

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

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