



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

FILED

Annual Report for the year: 2019
Corporation

FEB 11 2019
 BY 47928
[Signature]

- 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 000013789		2. Exact name of the Corporation STANLEY ENGINEERING, INC.			
3. Principal Office Address 320 WASHINGTON ROAD			City BARRINGTON	State RI	Zip 02806
4. NAICS Code 323113		6. Brief description of the character of business conducted in Rhode Island MAINTAINING AND UPDATE ASSESSORS MAPS FOR MUNICIPALITIES			
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 DAVID C. STANLEY			Vice-President Name ELSON W. STANLEY		
Street Address 320 WASHINGTON ROAD			Street Address 245 SOWAMS ROAD		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Secretary Name ELLIOTT W. STANLEY			Treasurer Name ELLIOTT W. STANLEY		
Street Address 150 RUSTIC ROAD			Street Address 150 RUSTIC ROAD		
City EAST WALPOLE	State MA	Zip 02032	City EAST WALPOLE	State MA	Zip 02023
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DAVID C. STANLEY			Director Name ELSON W. STANLEY		
Street Address 320 WASHINGTON ROAD			Street Address 245 SOWAMS ROAD		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Director Name ELLIOTT W. STANLEY			Director Name NONE		
Street Address 150 RUSTIC ROAD			Street Address		
City EAST WALPOLE	State MA	Zip 02032	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/STRIKES	PAR VALUE
			100	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 DAVID C. STANLEY				Date 02/08/2019	
Signature of Authorized Representative <i>David C. Stanley</i>			SPAN DOCUMENT HERE		

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