



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

**FILED
 STAMP
 FEB 13 2019**

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 2237

1. Entity ID Number 8977	2. Exact name of the Corporation STS Corporation		
3. Principal Office Address 169 Sumter Street		City Providence	State RI
		Zip 02907	
4. NAICS Code 326199	6. Brief description of the character of business conducted in Rhode Island Manufacturing of plastic products.		
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 Sean T. Scanlon			Vice-President Name		
Street Address 169 Sumter Street			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sean T. Scanlon			Director Name		
Street Address 169 Sumter Street			Street Address		
City Providence	State RI	Zip 02907	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	PAR VALUE
	1,100	common	no par value

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 Sean T. Scanlon, President	Date 2/4/19
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Signature of Authorized Representative SIGN DOCUMENT HERE