



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

FILED

Annual Report for the year: 2019
Corporation

FEB 15 2019

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

BY 57010 *OL*

1. Entity ID Number 43232		2. Exact name of the Corporation STONE TOWER PROPERTIES, INC.			
3. Principal Office Address 341 King Charles Drive			City Portsmouth	State RI	Zip 02871
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island Real estate brokerage			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Robert E. Nickerson			Vice-President Name Stephanie A. Nickerson		
Street Address 341 King Charles Drive			Street Address 341 King Charles Drive		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Robert E. Nickerson			Treasurer Name Robert E. Nickerson		
Street Address 341 King Charles Drive			Street Address 341 King Charles Drive		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Robert E. Nickerson			Director Name None		
Street Address 341 King Charles Drive			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		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 Robert E. Nickerson, President					Date 2-11-19
Signature of Authorized Representative <i>Robert E. Nickerson</i>					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov