



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

Annual Report for the year: 2018
Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV

2019 APR 15 PH 3:06

- 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 001676158 | | 2. Exact name of the Corporation STUART SIEGEL PHOTOGRAPHY INC. | | | | |
| 3. Principal Office Address 106 HIGH PLAIN STREET | | | City WALPOLE | State MA | Zip 02081 | |
| 4. NAICS Code 541922 | | 6. Brief description of the character of business conducted in Rhode Island PRODUCT PHOTOGRAPHY FOR WEBSITES AND CATALOGS | | | | |
| 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 STUART SIEGEL | | | Vice-President Name NONE | | | |
| Street Address 106 HIGH PLAIN STREET | | | Street Address | | | |
| City WALPOLE | State MA | Zip 02081 | City | State | Zip | |
| Secretary Name NONE | | | 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 NONE | | | Director Name NONE | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | 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 | |
| | | 10 | | NONE | 0 | |
| 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 STUART SIEGEL | | | | Date 4/15/2019 | | |
| Signature of Authorized Representative <i>Stuart Siegel</i> | | | | FILED APR 15 2019 BY 8FZFK A.A. 3:07 P.M. | | |