



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

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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS. SERVICES DIV.
 JUN 28 2019
 AM 10:53

1. Entity ID Number 000024601		2. Exact name of the Corporation Stanley Elevator Company, Inc.			
3. Principal Office Address 9 Henry Clay Drive			City Merrimack	State NH	Zip 03054
4. NAICS Code 238290		6. Brief description of the character of business conducted in Rhode Island Elevator Sales and Service			
5. State of Incorporation NH					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Neil Hussey			Vice-President Name none		
Street Address 143 Roberts Cove Road			Street Address none		
City Alton	State NH	Zip 03809	City none	State none	Zip none
Secretary Name Cory Hussey			Treasurer Name Neil Hussey		
Street Address PO Box 322			Street Address 143 Roberts Cove Road		
City Hollis	State NH	Zip 03049	City Alton	State NH	Zip 03809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Neil Hussey			Director Name Cory Hussey		
Street Address 143 Roberts Cove Road			Street Address PO Box 322		
City Alton	State NH	Zip 03809	City Hollis	State NH	Zip 03049
Director Name Ryan Hussey			Director Name none		
Street Address 19 Lovejoy Lane			Street Address none		
City Hollis	State NH	Zip 03049	City none	State none	Zip none
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
		100		CNP	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 Cory Hussey					Date 06-17-19
Signature of Authorized Representative 					

2019 JUL 8 706 6102
 SIGN DOCUMENT HERE
 R.I. DEPT. OF STATE
 BUS. SERVICES DIV.

FILED

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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