



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

**FILED**

JAN 13 2020

BY 7232

Annual Report for the year: 2020  
Corporation

- 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 <u>000124184</u>		2. Exact name of the Corporation <u>SHAWN MONUMENT, INC.</u>			
3. Principal Office Address <u>360 BRADFORD Rd</u>		City <u>BRADFORD</u>		State <u>RI</u>	Zip <u>02808</u>
4. NAICS Code <u>453998</u>		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>ROGER J. SHAWN JR.</u>		Vice-President Name <u>"</u>			
Street Address <u>360 BRADFORD Rd</u>		Street Address			
City <u>BRADFORD</u>	State <u>RI</u>	Zip <u>02808</u>	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>ROGER J. SHAWN JR.</u>		Director Name			
Street Address <u>360 BRADFORD Rd</u>		Street Address			
City <u>BRADFORD</u>	State <u>RI</u>	Zip <u>02808</u>	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>600</u>		<u>Common</u>	<u>NO PAR</u>
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 <u>ROGER J. SHAWN JR.</u>				Date <u>1-10-20</u>	
Signature of Authorized Representative <u>Roger J. Shawn Jr.</u>					