



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

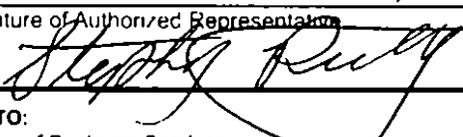
FILED

Annual Report for the year: 2020
Corporation

JAN 22 2020

BY 2916 OS

- 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 000099545		2. Exact name of the Corporation STEPHEN PUTNEY & ASSOCIATES, INC.			
3. Principal Office Address 56 Exchange Terrace		City Providence		State RI	Zip 02903
4. NAICS Code 423990		6. Brief description of the character of business conducted in Rhode Island Sales and repair of carpeting and all types of floor covering			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephen Putney			Vice-President Name Stephen Putney		
Street Address 113 Hess Avenue			Street Address 113 Hess Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Stephen Putney			Treasurer Name Stephen Putney		
Street Address 113 Hess Avenue			Street Address 113 Hess Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stephen Putney			Director Name		
Street Address 113 Hess Avenue			Street Address		
City Warwick	State RI	Zip 02889	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/SLR/LS
			100.00	CNP	PAR VALUE \$0.0000
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>STEPHEN PUTNEY</u>				Date <u>01/13/2020</u>	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov