



Department of State - Business Services Division

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 000152525		2. Exact name of the Corporation Stratus Financial Group, Inc.			
3. Principal Office Address 300 Providence Street		City West Warwick		State RI	Zip 02893
4. NAICS Code 541211	6. Brief description of the character of business conducted in Rhode Island Tax preparation and financial services				
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 Raymond P. Petrarca			Vice-President Name Raymond P. Petrarca		
Street Address 300 Providence Street			Street Address 300 Providence Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Raymond P. Petrarca			Treasurer Name Raymond P. Petrarca		
Street Address 300 Providence Street			Street Address 300 Providence Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Raymond P. Petrarca			Director Name None		
Street Address 300 Providence Street			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1,000	CWP	\$0.01	
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, its statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Raymond P. Petrarca			An authorized representative MUST sign and date the annual report.		
Signature of Authorized Representative 					

FILED
SIGN DOCUMENT HERE
JAN 23 2020
JAN 23 2020

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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