



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.

FILED

JAN 24 2020

44419

1. Entity ID Number 000013587		2. Exact name of the Corporation STACKBIN CORPORATION			
3. Principal Office Address 29 POWDER HILL ROAD			City LINCOLN		State RI
					Zip 02865
4. NAICS Code 332439		6. Brief description of the character of business conducted in Rhode Island MFG. OF METAL BINS, SHELVING, WORK STATIONS			
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 SCOTT SHAW			Vice-President Name NONE		
Street Address 114 OLNEY KEACH ROAD			Street Address		
City GLOCESTER	State RI	Zip 02914	City	State	Zip
Secretary Name ROLAND TURGEON			Treasurer Name		
Street Address 211 CHERRY HILL DRIVE			Street Address		
City SEEKONK	State MA	Zip 02771	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name WILLIAM SHAW			Director Name SUSAN KENNEY		
Street Address 12 TRISTAN COURT			Street Address 27 SHERWOOD ROAD		
City SMITHFIELD	State RI	Zip 02917	City MIDDLETOWN	State RI	Zip 02842
Director Name JAMIE LT SHAW			Director Name ROBERT FARLAND		
Street Address 35 SHIPPEE SCHOOL HOUSE ROAD			Street Address 33 CHESTNUT OAK ROAD		
City FOSTER	State RI	Zip 02825	City CHEPACHET	State RI	Zip 02814
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/PERFES		
			PAR VALUE		
			1245 73.17		
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 ROLAND TURGEON					Date 1-7-2020
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

ENTITY	,000013587	STACKBIN CORPORATION
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DIRECTOR NAME	SCOTT SHAW
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STREET ADDRESS	114 OLNEY KEACH ROAD
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GLOCESTER	RI 02914
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DIRECTOR NAME	SHANON CARNAVALE
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STREET ADDRESS	21 ELMORE STREET
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NORTH PROVIDENCE, RI, 02911
