



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

**FILED STAMP**

**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.

JAN 31 2020

BY 12574 AS

1. Entity ID Number <b>89359</b>		2. Exact name of the Corporation <b>STEPHEN ROY POWER EQUIPMENT, INC.</b>			
3. Principal Office Address <b>1217 Eddie Dowling Highway</b>			City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>
4. NAICS Code <b>811310</b>		6. Brief description of the character of business conducted in Rhode Island <b>repair, maintenance and sale of power equipment</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Stephen Roy</b>			Vice-President Name		
Street Address <b>1217 Eddie Dowling Highway</b>			Street Address		
City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>	City	State	Zip
Secretary Name <b>Stephen Roy</b>			Treasurer Name <b>Stephen Roy</b>		
Street Address <b>1217 Eddie Dowling Highway</b>			Street Address <b>1217 Eddie Dowling Highway</b>		
City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Stephen Roy</b>			Director Name		
Street Address <b>1217 Eddie Dowling Highway</b>			Street Address		
City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>common</b>	PAR VALUE <b>\$1.00</b>
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. <i>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.</i>					
Name of Authorized Representative <b>Stephen Roy, President</b>				Date <b>1-23-21</b> ✓	
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