



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

Annual Report for the year: **2020**
Corporation

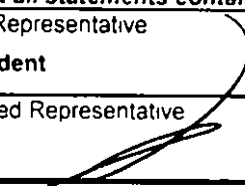
- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED STAMP

JAN 31 2020

BY

12574 DS

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

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov