



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

R.I. DEPT. OF STATE
BUS SVCS DIV

2020 FEB 11 A 11:27

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 80911		2. Exact name of the Corporation Stefania Corp.			
3. Principal Office Address 101 Plain Street, Suite 100		City Providence		State Rhode Island	Zip 02903
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island The acquisition of real estate			
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 Stefania M. Mardo		Vice-President Name			
Street Address 101 Plain Street, Suite 100		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Stefania M. Mardo		Treasurer Name Stefania M. Mardo			
Street Address 101 Plain Street, Suite 100		Street Address 101 Plain Street, Suite 100			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	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 <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 215	CLASS/SES CNP	PAR VALUE \$0.00	
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 Stefania M. Mardo				Date 2/7/2020	
Signature of Authorized Representative <i>Stefania M. Mardo</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

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FORM 630 - Revised: 10/2017