



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

SEP 30 2020

27815

1. Entity ID Number 45253		2. Exact name of the Corporation STAR DEPARTMENT STORE, INC	
3. Principal Office Address PO Box 190		City Block Island	State RI
		Zip 02807	
4. NAICS Code 452990	6. Brief description of the character of business conducted in Rhode Island seasonal retail business		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Wendy Ernst		Vice-President Name James Ernst	
Street Address 412 Payne Road		Street Address 412 Payne Road	
City Block Island	State RI	City Block Island	State RI
Zip 02807		Zip 02807	
Secretary Name James Ernst		Treasurer Name Wendy Ernst	
Street Address 412 Payne Road		Street Address 412 Payne Road	
City Block Island	State RI	City Block Island	State RI
Zip 02807		Zip 02807	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name none		Director Name none	
Street Address none		Street Address none	
City none	State none	City none	State none
Zip none		Zip none	
Director Name none		Director Name none	
Street Address none		Street Address none	
City none	State none	City none	State none
Zip none		Zip none	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		200	55
		common	shares
			no par value
			none
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 WENDY ERNST		Date 9/24/20	
Signature of Authorized Representative Wendy Ernst		SIGN DOCUMENT HERE	

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