



**FILED**

JAN 20 2021

020765

Annual Report for the year: 2021

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 13793		2. Exact name of the Corporation STANLEY GRANITE COMPANY, INC.			
3. Principal Office Address 91 PAWTUCKET AVENUE		City RUMFORD		State RI	Zip 02916
4. NAICS Code 423990		6. Brief description of the character of business conducted in Rhode Island Retail business of cemetery monuments, markers, and custom lettering on stone to order.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name DAVID E. CZERWONKA		Vice-President Name DAVID E. CZERWONKA			
Street Address 241 DON AVENUE		Street Address 241 DON AVENUE			
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
Secretary Name DAVID E. CZERWONKA		Treasurer Name DAVID E. CZERWONKA			
Street Address 241 DON AVENUE		Street Address 241 DON AVENUE			
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name DAVID E. CZERWONKA		Director Name DAVID E. CZERWONKA			
Street Address 241 DON AVENUE		Street Address 241 DON AVENUE			
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		COMMON	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. <b>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.</b>					
Name of Authorized Representative DAVID E. CZERWONKA				Date 1/14/2021	
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