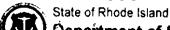
RI SOS Filing Number: 202187845120 Date: 1/25/2021 4:00:00 PM



Department of State - Business Services Division

Annual	Report	for	the	year:
Corner	ation			

2021

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1.

Entity ID Number	2. Exact name	of the Corporation							
000124184	ShAL	SHAWN MONUMENT, INC. City State Zip Rd Rd. BRANFORD. R.I. 02808							
3 Principal Office Address		IN TIDNOT	City	1 A C.	State	Zip			
360 BRAGEO	Pd Rd		Bend	rood		02808			
4. NAICS Code	6. Brief descrip	otion of the characte	r of business	conducted in Rhode Is	sland	02808			
I Unhuya	Ι	С	_						
5. State of Incorporation	1 IVMU	Melly Spalf	35						
	1	, 101m 7110				i			
7 List ALL officers mames and add	lresses)		······································		the box to indic	ate an attachment			
President Name ROGER J. SHAWN JR.			Vice-President Name						
Street Address			Street Address						
City 1	d			<u> </u>					
City BRADFORD	State	Zip 02808	City		State	Zip			
Secretary Name			Treasurer Name						
Street Address			Street Address						
Cib	Io.	Tex T		· · · · · · · · · · · · · · · · · · ·					
City	State	Zip	City		State	Zip			
8 List ALL directors (names and ac	ldresses)			Check	the box to indic	ate an attachment			
Director Name ROGER J. SHAWN JR.			Director Name						
Street Address			Street Address						
360 BRAdFORD	State	Zıp	City		State	Zip			
DRADFORD	L.T.	02808							
Director Name			Director Name						
Street Address			Street Address						
City	State	l 7 in	Cit.	·	Inter				
	State	Zip	City		State	Zıp			
9. Shares Authorized	A := A :=	10. Shares Issue	d Check the box to indicate an attachment						
This information is currently of recor Department of State.	a in the	NUMBER OF S	HAKES	CLASS/SERIES	,	PAR VALUE			
Changes require an additional filing.		60	<u> </u>	Commo	\checkmark	NOTAR			
L_					ĺ				
11. This report must be executed or	n behalf of the c	orporation by an au	horized repre	sentative. If the corpo	ration is in the	hands of a receiver or			
trustee, this report must be execute Under penalty of perjury, I declar	ed on behalf of t	he corporation by the	e receiver or t	rustee.	manidaa acha	dulas and			
statements, and that all statemer	<u>its contained h</u>	erein are true and	correct.		ipanying sche	oules and			
Name of Authorized Representative Date									
ROGER J. ShAWN JR.				1-16-21					
Signature of Authorized Representa	ative				-				
Dogu I Sho	me /								
MAIL TO:						<u></u>			

Division of Business Services

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

Phone: (401) 222-3040 Website: www sos ri gov