RI SOS Filing Number: 202189100920 Date: 2/1/2021 4:00:00 PM

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

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.

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BUS SVCS DIV
2021 FEB -1 P 1:04

1. Entity ID Number	2. Exact name of the Corporation			
000085697	ST. EDCO MANAGEMENT, INC.			
3. Principal Office Address		City	State	Zip
481 DYER AVENUE		CRANSTON	RI	02920
4 NAICS Code	6 Brief description of the character of business conducted in Rhode Island			
531390	TO OWN, HOLD, RENT, LEASE, MANAGE, BUY AND SELL REAL ESTATE			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: EDWARD A. ANDREWS			Vice-President Name: STEVEN J. OLSEN		
Street Address: 21 HORIZON DRIVE			Street Address: 140 ROME DRIVE		
City: CRANSTON	State: RI	Zip: 02921	City: CRANSTON	State: RI	Zip: 02921
Secretary Name: EDWARD A. ANDREWS			Treasurer Name: STEVEN J. OLSEN		
Street Address: 21 HORIZON DRIVE			Street Address: 140 ROME DRIVE		
City: CRANSTON	State: RI	Zip: 02921	City: CRANSTON	State: RI	Zip: 02921

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: NONE			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 — 10 Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
400	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.

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: Edward A Andrews — Date: 1/28/21

Signature of Authorized Representative: Edward A. Andrews

FILED
FEB 01 2021
20558

AA.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017