



RI SOS Filing Number: 202190127130 Date: 2/4/2021 4:00:00 PM

State of Rhode Island

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.

FILED

FEB 04 2021

| 1. Entity ID Number 001690691 | | 2. Exact name of the Corporation Stone Tower Press, A Rhode Island Corporation | | | | | | | | | | | |
|--|--|---|-------------------------|--------------|------------------|--------------|-----------|---|-----|-----|--|--|--|
| 3. Principal Office Address 7 Ellen Road | | City Middletown | State RI | Zip 02842 | | | | | | | | | |
| 4. NAICS Code 511130 | 6. Brief description of the character of business conducted in Rhode Island All aspects of book publishing including editing, formatting, graphics, binding, and publishing | | | | | | | | | | | | |
| 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 Timothy J. Demy | | Vice-President Name | | | | | | | | | | | |
| Street Address 7 Ellen Road | | Street Address | | | | | | | | | | | |
| City Middletown | State RI | Zip 02842 | City | State Zip | | | | | | | | | |
| Secretary Name Lyn Demy | | Treasurer Name | | | | | | | | | | | |
| Street Address 7 Ellen Road | | Street Address | | | | | | | | | | | |
| City Middletown | State RI | Zip 02842 | City | State Zip | | | | | | | | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | |
| 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 <input type="checkbox"/> | | | | | | | | | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> <tr> <td>0</td> <td>CNP</td> <td>\$0</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 0 | CNP | \$0 | | | |
| | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | | | | | | | | | |
| | | 0 | CNP | \$0 | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 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 Timothy J. Demy | | | Date 27 January 2021 | | | | | | | | | | |
| Signature of Authorized Representative | | | | | | | | | | | | | |

MAIL TO:
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 Website: www.sos.ri.gov