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

FILED
FEB 04 2021
BY

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	2. Exact name of the Corporation
150600	**Cornerstone Sign & Design Inc.**

3 Principal Office Address	City	State	Zip
545 Pawtucket Avenue, Suite A114	**Pawtucket**	**RI**	**02860**

4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island
339991	**MANUFACTURE AND DESIGN SIGNS, LETTERHEAD, BUSINESS CARDS**
5. State of Incorporation: **Rhode Island**	

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

President Name **Cory W. Ellis**			Vice-President Name **Cory W. Ellis**		
Street Address **49 Alhambra Circle**			Street Address **49 Alhambra Circle**		
City **Cranston**	State **RI**	Zip **02905**	City **Cranston**	State **RI**	Zip **02905**
Secretary Name **Cory W. Ellis**			Treasurer Name **Cory W. Ellis**		
Street Address **49 Alhambra Circle**			Street Address **49 Alhambra Circle**		
City **Cranston**	State **RI**	Zip **02905**	City **Cranston**	State **RI**	Zip **02905**

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

Director Name			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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	**200**	**Common**	**No Par**
Changes require an additional filing.			

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	Date
Cory W. Ellis	01/29/2021

Signature of Authorized Representative: Cory W. Ellis SIGN DOCUMENT HERE

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