RI SOS Filing Number: 202193533190 Date: 3/3/2021 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.

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1. Entity ID Number	2. Exact name of the Corporation			
001693352	STEWART CONSULTING ASSOCIATES, LTD.			
3. Principal Office Address		City	State	Zip
4 PRICE LANE		SMITHFIELD	RI	02917
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541611	TO PROVIDE CONSULTING SERVICES TO BUSINESS FACILITIES MANAGEMENT AND ANY LEGAL BUSINESS			
5. State of Incorporation				
RHODE ISLAND				

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

President Name: JOAN ROTELLA			Vice-President Name: KENNETH M. ROTELLA		
Street Address: 4 PRICE LANE			Street Address: 4 PRICE LANE		
City: SMITHFIELD	State: RI	Zip: 02917	City: SMITHFIELD	State: RI	Zip: 02917
Secretary Name: KENNETH M. ROTELLA			Treasurer Name: JOAN ROTELLA		
Street Address: 4 PRICE LANE			Street Address: 4 PRICE LANE		
City: SMITHFIELD	State: RI	Zip: 02917	City: SMITHFIELD	State: RI	Zip: 02917

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	600	COMMON	NO PAR

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
JOAN ROTELLA, PRESIDENT	2/28/21

Signature of Authorized Representative: Joan Rotella

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MAR 03 2021
BY CA 6D8X7
1:48

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: 09/2020