



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

MAR 05 2021

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

B. *Willeos*

1. Entity ID Number 000418998		2. Exact name of the Corporation Singing Stones, Inc.												
3. Principal Office Address 60 Hammond Hill			City Saunderstown	State RI	Zip 02874									
4. NAICS Code 541490		6. Brief description of the character of business conducted in Rhode Island Design and handcraft jewelry												
5. State of Incorporation RI														
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>									
President Name LISA GIBSON McTahan			Vice-President Name											
Street Address 60 Hammond Hill			Street Address											
City Saunderstown	State RI	Zip 02874	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>									
Director Name LISA GIBSON McTahan			Director Name											
Street Address 60 Hammond Hill			Street Address											
City Saunderstown	State RI	Zip 02874	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued												
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>												
1000		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>STK</td> <td>\$ 0.0100</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	STK	\$ 0.0100			
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1000	STK	\$ 0.0100												
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 LISA GIBSON McTahan					Date March 1, 2021									
Signature of Authorized Representative <i>Lisa Gibson McTahan</i>														

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov