



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- 1116 OS

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 This information is currently of record in the Department of State. 1000 Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 1000	CLASS/SERIES STK	PAR VALUE \$ 0.0100
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
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020