



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

JAN 31 2023

BY 5925

1. Entity ID Number 43232		2. Exact name of the Corporation STONE TOWER PROPERTIES, INC.			
3. Principal Office Address 341 King Charles Drive			City Portsmouth	State RI	Zip 02871
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island Real estate brokerage			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Robert E. Nickerson			Vice-President Name Stephanie A. Nickerson		
Street Address 341 King Charles Drive			Street Address 341 King Charles Drive		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Robert E. Nickerson			Treasurer Name Robert E. Nickerson		
Street Address 341 King Charles Drive			Street Address 341 King Charles Drive		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Robert E. Nickerson			Director Name None		
Street Address 341 King Charles Drive			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	Common	No Par Value
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. <b>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.</b>					
Name of Authorized Representative Robert E. Nickerson					Date 1-18-23
Signature of Authorized Representative <i>Robert E. Nickerson</i>					

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