



State of Rhode Island

Department of State - Business Services Division

FILED

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.

MAR 17 2023
BY 7942

1. Entity ID Number 87540		2. Exact name of the Corporation S.T.A. Associates, Inc.			
3. Principal Office Address 11 Fessenden Road			City Barrington	State RI	Zip 02806
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Buying, selling, leasing, management of real estate			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John St. Angelo			Vice-President Name John St. Angelo		
Street Address 11 Fessenden Road			Street Address 11 Fessenden Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name John St. Angelo			Treasurer Name John St. Angelo		
Street Address 11 Fessenden Road			Street Address 11 Fessenden Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John St. Angelo			Director Name		
Street Address 11 Fessenden Road			Street Address		
City Barrington	State RI	Zip 02806	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			20		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.					
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 John St. Angelo					Date
Signature of Authorized Representative					

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