



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

MAR 17 2023
 BY 7942

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

| | | | | | |
|---|--------------------|---|---|--------------------|---------------------|
| 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 | | PAR VALUE |
| | | | 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
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