RI SOS Filing Number: 202335840210 Date: 5/19/2023 4:00:00 PM

State of Rhode Island Department of		ess Services (Division				
Annual Report for the year: 2023 Corporation → Filing period: February 1 - May 1						STAINE!	
			RECEIVED SULDEPT OF STATE OUS SYCE DO				
							→ Filing Fee: \$50.00 → Penalty: Additional \$25.0
Entity ID Number		e of the Corporation		2023 11	¼ 10 E	12-35	
000099545		Stephen Putney & Associates, Inc.					
3. Principal Office Address			City		State	Zıp	
56 Exchange Terrace				Providence		02903	
4. NAICS Code	6. Brief descri	ption of the charact	ter of business c	onducted in Rhode Is	 sland	<u> </u>	
423990	Sales and	Sales and repair of carpeting and all types of floor covering					
5. State of Incorporation	Cales and	Tanta and topan of barpoining and an typod of hoof bottoming					
Rhode Island							
7. List ALL officers (names and	l addresses)		lu o .		the box to ir	ndicate an attachment 🔲	
President Name Stephen Putney			Vice-President Name Stephen Putney				
Street Address 113 Hess Avenue			Street Address 113 Hess Avenue				
^{City} Warwick	State RI	^{Z₁p} 02889	^{City} Warwick		State RI	^{Z_{ip}} 02889	
Secretary Name Stephen Putney			Treasurer Name Stephen Putney				
Street Address 113 Hess Avenue			Street Address 113 Hess Avenue				
^{City} Warwick	State RI	^{Zip} 02889	^{City} Warwick		Slate R1	^{Zip} 02889	
8. List ALL directors (names ar	nd addresses)		<u> </u>		the box to in	ndicate an attachment 🔲	
Oirector Name Stephen Put	iney		Director Name	!			
Street Address 113 Hess Av	Street Address						
^{City} Warwick	State RI	^{Zip} 02889	City		State	Zip	
Director Name	·	•	Director Name		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
Shares Authorized		10. Shares Iss	ued	Check	the box to ir	Indicate an attachment	
This information is currently of record in the Department of State.		NUMBER OF	NUMBER OF SHARES		3	PAR VALUE	
		100.00		CNP		\$0.0000	
Changes require an additional fi	ling.						
11. This report must be execute trustee, this report must be exe					ration is in t	he hands of a receiver or	
Under penalty of perjury, I de statements, and that all state	eclare and affirm ti	hat I have examine	ed this report, in		panying so	chedules and	
Name of Authorized Represent	tative			_	Date	21/ 2 - 7	
Stephen Putney	tees	Ken Uni	ney		4-	24-2023	
Signature of Authorized Repres	sentative			FILED			
MAIL TO:		MAY 1.0 co-					

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov