



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

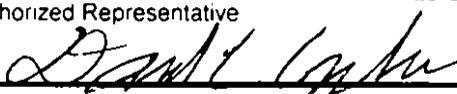
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
FEB 06 2024
BY 222988

1. Entity ID Number 13793		2. Exact name of the Corporation STANLEY GRANITE COMPANY, INC.					
3. Principal Office Address 91 PAWTUCKET AVENUE		City RUMFORD		State RI	Zip 02916		
4. NAICS Code 459999		6. Brief description of the character of business conducted in Rhode Island RETAIL BUSINESS OF CEMETERY MONUMENTS, MARKERS, AND CUSTOM LETTERING ON STONES TO ORDER.					
5. State of Incorporation RHODE ISLAND							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name DAVID E. CZERWONKA			Vice-President Name DAVID E. CZERWONKA				
Street Address 241 DON AVENUE			Street Address 241 DON AVENUE				
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916		
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 DAVID E. CZERWONKA			Director Name DAVID E. CZERWONKA				
Street Address 241 DON AVENUE			Street Address 241 DON AVENUE				
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916		
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
			100		COMMON	NONE	
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 DAVID E. CZERWONKA					Date 2/1/2024		
Signature of Authorized Representative 							

MAIL TO:
Division of Business Services
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