



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 15 2024

BY

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DS

1. Entity ID Number 163646		2. Exact name of the Corporation Stalise Inc.			
3. Principal Office Address 105 Clock Tower Square		City Portsmouth		State RI	Zip 02871
4. NAICS Code 448150		6. Brief description of the character of business conducted in Rhode Island Retail and Clothing and Accessories Boutique			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lisa Hurd			Vice-President Name		
Street Address 105 Clock Tower Square			Street Address		
City Portsmouth	State RI	Zip 02871	City	State RI	Zip
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			Director Name Stacey Downing		
Street Address			Street Address 105 Clock Tower Square		
City	State	Zip	City Portsmouth	State RI	Zip 02871
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
			1000		Common
					PAR VALUE
					0.01
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 Stacey Downing					Date 2/12/24
Signature of Authorized Representative 					