RI SOS Filing Number: 202454065040 Date: 4/29/2024 4:00:00 PM

State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year:  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  APR 29 2024  BY 436				
1. Entity ID Number		2. Exact name of the Corporation / STAUCH VETROMILE & MITCHELL ADVERTISING, INC.					
14082	STAUCI	TVETROMIL		HELL ADVI			
Principal Office Address     Brentonwood Avenue			City	<b>-</b>	State	Zip	
			Barringto		RI	02806	
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island					
541890	Provide a	Provide advertising services					
5. State of Incorporation RI							
7. List ALL officers (names and	addresses)			Che	ck the box to i	ndicate an attachment	
President Name Robert W. \	Vice-President Name None						
Street Address 18 Brentonwood Avenue			Street Address				
<sup>City</sup> Barrington	State RI	<sup>Zip</sup> 02806	City		State	Zıp	
Secretary Name Robert W. V			Treasurer Nan	<sup>ne</sup> Robert W. Ve	<u> </u>		
Street Address 18 Brentonwo	<del></del>		Street Address				
City Barrington	State RI	<sup>Zip</sup> 02806	City Barring	gton	State RI	Zip 02806	
8. List ALL directors (names ar	nd addresses)	<u></u>		Cha	ck the box to i	ndicate an attachment	
Director Name Robert W. Ve	Director Name None						
Street Address 18 Brentonwo	Street Address						
<sup>City</sup> Barrington	State RI	<sup>Z<sub>ip</sub></sup> 02806	City		State	Zip	
Director Name None			Director Name None				
Street Address	Street Address						
City	State	Zip	City		State	Zıp	
9. Shares Authorized		10. Shares Iss	10. Shares Issued		Check the box to indicate an attachment		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES PAR VALUE		
		1249		Common		\$1.00 Par Value	
11. This report must be execute trustee, this report must be executed Under penalty of perjury, I de	ecuted on behalf of	the corporation by t	the receiver or tr	ustee			
statements, and that all state	ements contained						
Name of Authorized Representative Robert W. Vetromile, Jr				Date			
Signature of Authorized Repre-	1						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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