



**State of Rhode Island  
Department of State - Business Services Division**



STATE

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.

2025 JAN 21 PM 4:16

1. Entity ID Number <b>001721600</b>		2. Exact name of the Corporation <b>Stone Edge Design Corporation</b>			
3. Principal Office Address <b>10 Progress Ave</b>			City <b>Nashua</b>	State <b>NH</b>	Zip <b>03062</b>
4. NAICS Code <b>238990</b>		6. Brief description of the character of business conducted in Rhode Island <b>Construction of in ground gunite pools and decking</b>			
5. State of Incorporation <b>Massachusetts</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Brian Meckel</b>			Vice-President Name <b>none</b>		
Street Address <b>10 Progress Ave</b>			Street Address		
City <b>Nashua</b>	State <b>NH</b>	Zip <b>03062</b>	City	State	Zip
Secretary Name <b>None</b>			Treasurer Name <b>none</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		none			
		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.					
<b>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.</b>					
Name of Authorized Representative <b>Karen Gagnon</b>				Date <b>1/16/25</b>	
Signature of Authorized Representative <i>Karen Gagnon</i>				<b>FILED</b> <b>JAN 21 2025</b> <b>BY P7FKA 4:16</b>	

MAIL TO:  
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