



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.

2025 JAN 21 PM 4:11

STATE

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

MAIL TO:
Division of Business Services
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