



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

STAMP

FOR  
SECRETARY OF STATE  
USE ONLYREC'D RIDOS BSD  
23 FEB 24 2:10:48

1. Entity ID Number <b>001721182</b>		2. Exact name of the Corporation <b>STUNNER RUNNER COURIER SERVICE INC</b>			
3. Principal Office Address <b>165 Camp St.</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
4. NAICS Code <b>541611</b>		6. Brief description of the character of business conducted in Rhode Island <b>management &amp; consulting</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Amber Lema</b>			Vice-President Name		
Street Address <b>165 Camp St.</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	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 <b>Amber Lema</b>			Director Name		
Street Address <b>165 Camp St.</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
Changes require an additional filing.		<b>1,000</b>		<b>CNP</b>	<b>0</b>
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 <b>Justin Lema</b>				Date <b>02/24/25</b>	
Signature of Authorized Representative 				<b>FILED</b>	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**  
FEB 24 2025 2:11 pm  
BY **LCS NSVX6**