



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 ONLY

REC'D RIDOS BSD
23 FEB 24 2:10:48

1. Entity ID Number 001721182		2. Exact name of the Corporation STUNNER RUNNER COURIER SERVICE INC			
3. Principal Office Address 165 Camp St.		City Providence		State RI	Zip 02906
4. NAICS Code 541111	6. Brief description of the character of business conducted in Rhode Island management & consulting				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Amber Lema			Vice-President Name		
Street Address 165 Camp St.			Street Address		
City Providence	State RI	Zip 02906	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 Amber Lema			Director Name		
Street Address 165 Camp St.			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Director Name			Director Name		
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	PAR VALUE
			1,000	CNP	0
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 Justin Lema					Date 02/24/25
Signature of Authorized Representative 					FILED

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

FEB 24 2025 2:11 pm
BY LCS NSVX6