

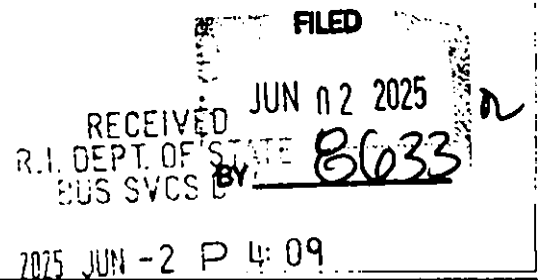


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number 13777		2. Exact name of the Corporation Standish-Johnson Co.			
3. Principal Office Address 205 Barbs Hill Road		City Greene		State RI	Zip 02827
4. NAICS Code 532490		6. Brief description of the character of business conducted in Rhode Island To rent and lease billboards and poster panels for advertisements and non-fiction materials.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Victoria Brown			Vice-President Name Pamela J. Diehl		
Street Address 205 Barbs Hill Road			Street Address 10 Saddlerock Road		
City Greene	State RI	Zip 02827	City West Greenwich	State RI	Zip 02817
Secretary Name Pamela J. Diehl			Treasurer Name Victoria Brown		
Street Address 10 Saddlerock Road			Street Address 205 Barbs Hill Road		
City West Greenwich	State RI	Zip 02817	City Greene	State RI	Zip 02817
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Victoria Brown			Director Name Pamela J. Diehl		
Street Address 205 Barbs Hill Road			Street Address 10 Saddlerock Road		
City Greene	State RI	Zip 02827	City West Greenwich	State RI	Zip 02817
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 ☐		CLASS/SERIES	
		NUMBER OF SHARES	0	CNP	PAR VALUE
				No par value	
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 Stephanie J. Blue, Authorized Representative					Date
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov