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.

FILED
JUN 02 2025
RECEIVED
R.I. DEPT. OF STATE
BUS SVCS BY 8633
2025 JUN -2 P 4:09

1. Entity ID Number	2. Exact name of the Corporation		
13777	Standish-Johnson Co.		
3. Principal Office Address	City	State	Zip
205 Barbs Hill Road	Greene	RI	02827
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
532490	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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	0	CNP	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	Date
Stephanie J. Blue, Authorized Representative	

Signature of Authorized Representative: Stephanie J. Blue

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

FORM 630- Revised: 12/2023