

A. Ralph Mollis, Secretary of State Corporations Division

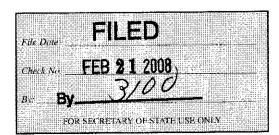
148 W. River Street

PROFIT, CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Providence, RI 02904-2615 401,222,3040

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 163249	2. Name of Corporat	2. Name of Corporation NORTHERN RHODE ISLAND STONE, INC.				
3. Street Address Principal Business Office 400 GEORGE WASHINGTON HIGHWAY			SMITHFIELD	State RI	<i>Ζψ</i> 02917	
4. Business Phone No. 5. State of Incorporation 401-231-9099 RHODE ISLAN						
6. Brief Description of the Charact ANY LAWFUL BUSINES	S			The control of the state of the	erconnoncer upper a la l	
7. NAMES AND ADDRESSES OF THE OFFICERS. ("X" BOX FOR AT			FACTIMENT) FILL IN SPACES BEFORE USING ATTACHMENTS: Vice President Name ALFRED A. COSTANTINO			
ALFRED A. COSTANTINO Street Address 400 GEORGE WASHINGTON HIGHWAY			Street Address 400 GEORGE WASHINGTON HIGHWAY			
Cay SMITHFIELD	State RI	Ζφ 02917	SMITHFIELD	State RI	<i>Z⊕</i> 02917	
Secretary Name ALFRED A. COSTANTINO			Treasurer Name ALFRED A. COSTANTINO			
Street Address 400 GEORGE WASHINGTON HIGHWAY			Street Address 400 GEORGE WASHINGTON HIGHWAY			
City SMITHFIELD	State RI	21p 02917	SMITHFIELD	State RI	7.0 02917	
8. NAMES AND ADDRESS Director Name NONE	IS OF THE DIRECT	ORS: "X" BOX FOR	ATTACHMENT) FILLIN Director Name	SPACES REFORE USING		
Street Address			Street Address			
City	State	Zip	C1() ²	State	Zip	
Director Name		*******************	Director Name	***************************************		
Street Address			Street Address			
City:	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED. ("X" BOX FOR ATTACHMENT)			10. SHARES ISSUED ("X" BOX FOR AUTACHMENT) ISSUED SHARES THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Vaine	Number of Shures	Class/Series	Par Value	
	OMMON S	\$.01	100	COMMON	\$.01	
	<u></u>		The state of the s		7 E (2 E) +0-	
This report must be execute this report must be execute.	ted on behalf of the c	corporation by an authorogeneration by the receiver	prized representative. If the cover or trustee.	corporation is in the hands	of a receiver or trustee,	



Under penalty of perjury, I declare and affirm the	it I have examined this report,
including any accompanying schedules and state	ments, and that all statements
Contained hereth are 10 c and correct.	2/15/08
Signature	Date
ALFRED A. COSTANTINO	
Print or Type Name	
PRESIDENT	
Title	Form 630 Rev. 12/06