



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *84320*		2. Name of Corporation BLUESTONE, INC.	
3. Street Address Principal Business Office 150 CHESTNUT STREET		City PROVIDENCE	State RI
4. Business Phone No.		5. State of Incorporation RHODE ISLAND	6. SIC Code 5710
7. Brief Description of the Character of Business Conducted in Rhode Island TO ACQUIRE BY PURCHASE, LEASE, OR OTHERWISE AND TO IMPROVEAN DEVELOP REAL PROPERTY.			
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name Jeremy Sherer		Vice President Name David Malkin	
Street Address 150 Chestnut Street		Street Address 150 Chestnut Street	
City Providence	State RI	Zip 02903	City Providence
Secretary Name Jeremy Sherer / Stephen M. Litwin		Treasurer Name David Malkin	
Street Address Same as above		Street Address Same as above	
City	State	Zip	City
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name Jeremy Sherer		Director Name David Malkin	
Street Address 150 Chestnut Street		Street Address 150 Chestnut Street	
City Providence	State RI	Zip 02903	City Providence
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
<b>10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES</b>			
Number of Shares	Class/Series	Par Value	
4,000 COMM NO PAR VALUE			
<b>11. SHARES ISSUED (X BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES</b>			
Number of Shares	Class/Series	Par Value	
100	Common	No par	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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\*84320 DE 10/1/03 5:39 AM\*

**FILED**

File Date **OCT 01 2003**

Check No. **M7045**

By **M7045**

FOR SECRETARY OF STATE USE ONLY

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.

*Stephen M. Litwin* 10-1-03  
Signature of Officer Date

**Stephen M. Litwin**  
Print or Type Name of Officer

**Secretary**  
Title of Officer