



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**  
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** Zip **02903**  
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  
**own - develop real estate**

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)**

President Name <b>Jeremy Sherer</b>	Vice President Name <b>David Malkin</b>
Street Address <b>150 Chestnut Street</b>	Street Address <b>150 Chestnut Street</b>
City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>
Secretary Name <b>Jeremy Sherer</b>	Treasurer Name <b>David Malkin</b>
Street Address <b>150 Chestnut Street</b>	Street Address <b>150 Chestnut Street</b>
City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)**

Director Name <b>Jeremy Sherer</b>	Director Name <b>David Malkin</b>
Street Address <b>150 Chestnut Street</b>	Street Address <b>150 Chestnut Street</b>
City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>4,000 SHS NO PAR COMMON</b>		

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>No Par</b>

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



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**FILED**

File Date: **APR 28 1998**

Check No.: **202378**

By: **Jeremy Sherer**

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.

**Jeremy Sherer** Date

**Jeremy Sherer**

Print or Type Name of Officer

**President**  
Title of Officer

