

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of t	he limited liability comp	pany		··· ·-			
624281	Fiel	dstone	Mil	1, 44	C			
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island							
R.I.		agement						
5. Principal office address 3 2 5 Potr	it Judit	-h Road	City N a	vraganset	+ State RI	Zip 02882		
6: WAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:								
Contact Name Kaven E. Kivisto			Contact Title	~^~ D AT	ING M	LNAGER		
	1/ 1//	1710	0.0	OPERM	1100 111	7777		
Street Address 325 Point J	rudith	Road	Nar	raganset	TSTATE R.I.	2NAGER Zip O2882		
7. LIST ALL MANAGERS (NAMI "X" BOX FOR ATTACHMENT		ES) OF THE LIMITED	LIABILITY	OMPANY, IF APPI	ICABLE - DO NO	LIST MEMBERS		
Manager Name Kaven E. Kivisto			Manager Name					
Street Address 325 Point Judith Road City Navragansett State RI Zip 02882			Street Address					
City Navragansett	State RI	02882	City		State	Zip		
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
8. RESIDENT AGENT IN RHODE	ISLAND			9 - 37 S S S S S S S S S S S S S S S S S S	A SOLVE CONTRACT	TOTAL SELECTION OF THE SE		
This information is currently of	record in the Offic	e of the Secretary of	State. Chanc	jes require filina F	orm 642.	<u> </u>		
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File Date	FILED	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.			
Chacle No. By: FOR SECRETARY OF STATE USE ONLY	SEP 1 1 2013 237	Karen E. Tivisto 9/10/ Signature of Authorized Person Naven E. Kivisto Print or Type Name of Authorized Person	13		
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Form No. 632 Revised: 01/2012