



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 2014

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. 793824		2. Exact name of the limited liability company Stonesthrow LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Ownership of real estate			
5. Principal office address 20 Woods End Road		City Dedham	State MA	Zip 02026	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Arthur W. Gregory, III		Contact Title			
Street Address 20 Woods End Road		City Dedham	State MA	Zip 02026	
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Arthur W. Gregory, III		Manager Name			
Street Address 20 Woods End Road		Street Address			
City Dedham	State MA	Zip 02026	City	State	Zip
Manager Name Caroline G. Gregory		Manager Name			
Street Address 20 Woods End Road		Street Address			
City Dedham	State MA	Zip 02026	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

AUG 22 2014

BY

10/16

File Date _____

Check No _____

By: _____

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.

Signature of Authorized Person

Date

Arthur W. Gregory, III

Print or Type Name of Authorized Person