

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

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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. 526563		2. Exact name of the limited liability company STONE ESSENTIALS LLC					
3. State of Formation RHODE ISLAND		Brief description of the character of business conducted in Rhode Island Stone Care Manufacturer					
5. Principal office address 592 Arnold Road			City Coventry	State RI	Zip 02816		
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:			
Contact Name Charles A. Lamendola		Contact Title Manager					
Street Address P.O. Box 1287			City Coventry	State RI	Zip 02816		
7. LIST <u>ALL</u> MANAGERS (I ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	;			
City	State	Zip	City	State	Zip		
Manager Name		Manager Name	Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RH	HODE ISLAND						
		e Office of the Seci	retary of State. Changes require	e filing Form 642.			

FILED OCT 0 6 2014

File Date	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.		
Check No	Charles Golden	0/02/2014	
Ву:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Charles A. Lamendola		
I ON SECRETART OF STATE USE ONLI	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012