

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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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.	2. Exact name of the limited liability company							
148733	Accord Stone Holdings, ccc							
3. State of Formation	Brief description of the character of business conducted in Rhode Island							
Rhode Iskad	own and manage real estate							
5. Principal office address								
369 Broadway			P	State	Zip			
6. MAILING ADDRESS OF LIMIT	ED LIABILITY (ORTITI FOR CONTACT PEGG	<u> </u>	029	<u>09</u>			
OSTITUOLI TIETIE			Contact Title					
Court Parrington								
Sireet Address			City	State	1-7-			
PU POX 83			أحرابط الأ	94.4	Zip	70		
7. LIST ALL MANAGERS (NAME ("X" BOX FOR ATTACHMENT)	S AND ADDRE	SSES) OF THE LIMITE	D LIABILITY COMPANY IS AD	The spinor experience	1 014-	<u> 78 </u>		
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Manager Name			Manager Name			3 6		
Divers & A.J.								
Street Address			Street Address					
City						ORATIONS OT 30 PM I		
J.	State	Zip	City	State	Zip	<u> </u>		
Manager Name					[P 999		
			Manager Name			- 5 7		
Street Address								
			Street Address			F <		
Dity s	State	Zip	0.1	<u> </u>				
		[2.μ	City	State	Zip			
RESIDENT AGENT IN RHODE I	SLAND*		Callette Longer					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.								
		or the Secretary of	State. Changes require filing	Form 642.				

FILED

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BY	12355	10
File Date Check No. By: FOR SECRETARY OF STATE USE ONLY	12.24	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 Cant Puring for Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012