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 2015

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		
129366	Stone Systems of New England, LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
Minnesota	Stone fabrication and installation		
5. Principal office address	City	State	Zip
9 Steel Street	Slatersville	RI	02876

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Christian A. Garza	Corporate Secretary		
Street Address	City	State	Zip
2245 Texas Drive	Sugar Land	Texas	77479

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Eduardo Cosentino	Christian A. Garza
Street Address	Street Address
2245 Texas Drive	2245 Texas Drive
City / State / Zip: Sugar Land / Texas / 77479	City / State / Zip: Sugar Land / Texas / 77479
Manager Name	Manager Name
Travis Dupre	
Street Address	Street Address
2245 Texas Drive	
City / State / Zip: Sugar Land / Texas / 77479	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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 MAY 25 PM 3:32

FILED
MAY 25 2016
By 275198
A.A. 3:34p.m.

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: 05/18/2016

Christian Garza
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

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