



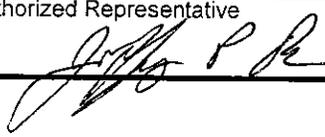
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2013

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 SEP -9 PM 2:03

1. Entity ID Number <u>106172</u>		2. Exact name of the Corporation <u>Structure Tone Inc</u>	
3. Principal Office Address <u>330 West 34th Street</u>		City <u>New York</u>	State <u>NY</u>
		Zip <u>10001</u>	
4. Business Phone Number <u>None</u>		5. State of Incorporation <u>New York</u>	
6. Brief description of the character of business conducted in Rhode Island <u>Construction</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Anthony Carvella</u>		Vice-President Name <u>John White</u>	
Street Address <u>330 West 34th Street</u>		Street Address <u>330 West 34th Street</u>	
City <u>New York</u>	State <u>NY</u>	Zip <u>10001</u>	City <u>New York</u>
			State <u>NY</u>
			Zip <u>10001</u>
Secretary Name <u>Ray Froimowitz</u>		Treasurer Name <u>James Donaghy</u>	
Street Address <u>330 West 34th Street</u>		Street Address <u>330 West 34th Street</u>	
City <u>New York</u>	State <u>NY</u>	Zip <u>10001</u>	City <u>New York</u>
			State <u>NY</u>
			Zip <u>10001</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>James K Donaghy</u>		Director Name <u>John T White</u>	
Street Address <u>330 West 34th Street</u>		Street Address <u>330 West 34th Street</u>	
City <u>New York</u>	State <u>NY</u>	Zip <u>10001</u>	City <u>New York</u>
			State <u>NY</u>
			Zip <u>10001</u>
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		<u>200 Common</u>	<u>No Par Value</u>
		<u>- 0 -</u>	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.			
Name of Authorized Representative <u>Jeffrey Keenan</u>		Date <u>9.9.16</u>	
Signature of Authorized Representative 		SIGN DOCUMENT HERE	

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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By [Signature] 283185