| State of Rhode Island and Providence Plantations Department of State - Business Services Division | |
|---|--|
| Annual Report for the year: 2016 Limited Liability Company | |
| → Filing period: September 1 - November 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1. | |

| | T | | | | | | |
|--|---|--------------------|----------------------------|---------------------|----------------------|--|--|
| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | | |
| 11872 11817 | STOONE, LLC | | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 53 - Real Estate and Rental and | Ownership and management of real estate | | | | | | |
| 5. State of Formation | | | | | | | |
| Rhode Island | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | |
| 4 Traverse Street | | | Providence | RI | 02906 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | |
| Contact Name Scott Stenhouse | | | Contact Title | | | | |
| Street Address 4 Traverse Street | | | City Providence | State RI | ^{Zip} 02906 | | |
| 8. List ALL managers (names ar | d addresses) of | the Limited Liabil | lity Company, IF APPLICABL | .E - DO NOT LIST ME | MBERS | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| | Check the box to indicate an attachment | | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | | | |
| 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 Person Date 0/ / | | | | | / | | |
| Scott Stenhouse | | | | 9/20 | 0/16 | | |
| Signature of Authorized Person SIGN DOCUMENT HERE | | | | | | | |

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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