

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:	2017
Corporation	

- → Filing period: January 1 March 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00	fee if form is not t	filed by April 1.			_				
Entity ID Number	2. Exact name of the Corporation								
579733	STONE DEPOT OF RHODE ISLAND, INC.  City State Zip  WARWICK RI 02889								
3. Principal Office Address			City		State		Zip		
42 STILLWA	TER DR	IVE	WAR	wick	RI		02889		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island								
44-45	SHOWROOM SALES OF KITCHEN COUNTERTOPS								
5. State of Incorporation	AT RETAIL.								
Rhode Island	77 6	KETAIL.							
7. List ALL officers (names and addresses)  Check the box to indicate an attachment									
President Name Zhua QiNG Li			Vice-President Name Zhuo QiNG Li						
Street Address									
42 STILLWA	TER DRI	v <u>E</u>	SAM E						
WARWICK	RI	0 2889	City		State	.	Zip		
Secretary Name	1	,	Treasurer Nar	me O	1 '	•			
Secretary Name  Street Address			Zhvo Qiwa Li Street Address						
SAME			Oli Col Addica	SAME					
City	State	Zip	City		State		Zip		
8. List ALL directors (names and a	ddresses)			Check t	he box to ir	ndicate a	n attachment		
Director Name	•		Director Name	е					
Street Address		Street Address							
City	State	Zip	City		State		Zip		
Director Name			Director Name	e	<del></del>	· · · · · · · · · · · · · · · · · · ·			
Street Address			Street Address						
City	State	Zip	City		State		Zip		
Oity	Julio		City						
9. Shares Authorized	10. Shares Issue						n attachment  AR VALUE		
This information is currently of reco Department of State.	ra in the	NUMBER OF SI							
Changes require an additional filing		/0	0	Common		100	PAR		
onangos rodano an ascusona ming	•								
11. This report must be executed o					ation is in t	he hands	of a receiver or		
trustee, this report must be execut Under penalty of perjury, I decla					panying so	chedules	and		
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									
Zhvo Qing Li Signature of Authorized Representative									
Signature of Authorized Representative									
7,7 -	-/6	<u></u>	ي عرب المحادث	n 1 1 2017					
MAIL TO:	<i>f</i> -		ri	Dr , Toll					

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 02/2017