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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year: $_{20/6}$ **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.

Entity ID Number	2. Exact name of the Limited Liability Company				
00257890	VANSTONE LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
5.3					
5. State of Formation	PROPERTY DEVELOPMENT AND REHABILITATION				
RHODE RSLAND					
6. Principal Office Address			City	State	Zip
30 CLORANE STREET			WARWICK	RI	D889
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name WILLIAM J. ROSS			Contact Title PRESIDENT		
Street Address 30 CLORANE STREET			City WARWICK	State A	Zip 02889
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
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
			Che	ck the box to indic	cate 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					
WILLIAM J. ROSS 3/1/17					
Signature of Authorized Person SIGN DOCUMENT HERE					
My John Committee of the Committee of th					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED - 3:19

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