



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 filed by April 1.

1. Entity ID Number <b>01338050</b>	2. Exact name of the Corporation <b>STONE MATERIALS CORP</b>		
3. Principal Office Address <b>120 PARADISE AVE.</b>		City <b>MIDDLETOWN</b>	State <b>RI</b>
		Zip <b>02842</b>	
4. NAICS Code <b>31-33</b>	6. Brief description of the character of business conducted in Rhode Island <b>GRAVEL OPERATION</b>		
5. State of Incorporation <b>RI</b>			

7. List ALL officers (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>			
President Name <b>FRANK MELLO</b>				Vice-President Name <b>SHIRLEY R. MELLO</b>			
Street Address <b>120 PARADISE AVE.</b>				Street Address <b>SAME</b>			
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>		City <b>SAME</b>	State	Zip	
Secretary Name <b>SHIRLEY R. MELLO</b>				Treasurer Name <b>SHIRLEY R. MELLO</b>			
Street Address <b>SAME</b>				Street Address <b>SAME</b>			
City <b>SAME</b>	State	Zip		City <b>SAME</b>	State	Zip	

8. List ALL directors (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>			
Director Name				Director Name			
Street Address <b>NONE</b>				Street Address <b>NONE</b>			
City	State	Zip		City	State	Zip	
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	

9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment <input checked="" type="checkbox"/>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		<b>200</b>		<b>STOCK</b>	
				<b>0</b>	

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: **SHIRLEY R. MELLO** Date: **4/1/17**

Signature of Authorized Representative: *[Signature]* **FILED DZ**

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

APR 05 2017  
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