



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 01338050		2. Exact name of the Corporation STONE MATERIALS CORP			
3. Principal Office Address 120 PARADISE AVE.		City MIDDLETOWN		State RI	Zip 02842
4. NAICS Code 31-33		6. Brief description of the character of business conducted in Rhode Island GRAVEL OPERATION			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name FRANK MELLO			Vice-President Name SHIRLEY R. MELLO		
Street Address 120 PARADISE AVE.			Street Address SAME		
City MIDDLETOWN		State RI	Zip 02842	City SAME	
Secretary Name SHIRLEY R. MELLO			Treasurer Name SHIRLEY R. MELLO		
Street Address SAME			Street Address SAME		
City SAME		State SAME	Zip SAME	City SAME	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE		State NONE	Zip NONE	City NONE	
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE		State NONE	Zip NONE	City NONE	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input checked="" type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			200 STOCK 0		
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 					

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

BY

FILED DZ

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FORM 630 - Revised: 02/2017