s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
<b>1. ID No.</b> <u>000488371</u>			
2. Exact Name of the Limited Liability Company STRUCTURAL STONE, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>327991</u>			
4. Brief Description of the	e Character of the Business Which	is Actually Conducted i	n Rhode Island
GRANITE MANUFACT	TURER		
5. Principal Office Addres	SS		
No. and Street:285 SMITH STCity or Town:NORTH KINGSTOWNState: RIZip: 02852Country: USA			
6. Mailing Address of Lir	nited Liability Company and Name	e or Title of Contact Pers	son:
	<u>CONTE</u> Contact Title: <u>MEMBER</u> SMITH ST		
City or Town: NOR	<u>TH KINGSTOWN</u> State:	<u>RI</u> Zip: <u>02852</u> C	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addres	
	First, Middle, Last, Suffix	Address, City or Town, State	e, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

## Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

## ANGELA CONTE 259 WAYLAND AVENUE PROVIDENCE, RI 02906

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 1 Day of September, 2017 at 8:54:11 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>RAY CUCINO</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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