	de Island and Provident of State - B		vices Division		
Annual Report for Limited Liability → Filing period: Se → Filing Fee: \$50.	or the year: Company eptember 1 - Nove	2017		2011 St	R.I. DEF
→ Penalty: Addition		m is not filed by	December 1.	7	202
1 Entity ID Number	2 Exact	2 Exact name of the Limited Liability Company			4 02 -
1666818	، ا م	ALVIN Stone, LLC			2 25
3. NAICS Code		4. Brief description of the character of business conducted in			
238990	Cyranite Counter Top				
5. State of Formation	- Car	ranite	CAUNTON 10/2		
RT	İ				
6. Principal Office Addre		<u> </u>	City	State	Zip
60 Pomh	an St	• 	Cranston	121	02910
7. Mailing Address of Li		any and Name o	or Title of Contact Person		
Contact Name VINCENT Teclesco			Contact Title Owner President City erans fon State 2ip 02910		
Street Address			City	State	Zip
		as) of the Limited	Liability Company, IF APPLICABLE	12/	202910
Manager Name	Tames and addresse	- the Entitled	Manager Name	E - DO NOT LIST	MEMBERS
Street Address					
			Street Address		
City	State	Zip	City	State	Zıp
Manager Name			Manager Name		
Street Address		<u> </u>			
			Street Address		
City	State	Zıp	City	State	Zıp
			<u> </u>	Check the how to	indicate an attachment
. Resident Agent in Rho	ode Island. This inform	mation is currently o	of record with the Department of State.	Changes require file	no Form 642
Under penalty of perjui	ry, I declare and aff	firm that I have e	examined this report, including	any accompanyii	ng schedules and
tatements, and that all	i statements conta	mea nerein are	true and correct.		
				P:// · / ^7	
VINCUNT Tedesco Signature of Authorized Person				/// /	
1/100	-/22				
_ Junun/	an our	ــــــــــــــــــــــــــــــــــــــ			

MAIL TO:

Division of Business Services

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

State of Rhode Island and Providence Plantations

Phone: (401) 222-3040 Website: www.sos.n.gov **FILED**

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