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State of Rhode Island and Providence Plantations Department of State - Business Services Division Annual Report for the year: 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.			_		
			_	R.I. DEPTICE STATE	
			_		
1. Entity ID Number 00419158	2. Exact name of the Limited LiCORNERSTONE		S, LLC		
3. NAICS Code 531311	Brief description of the character of business conducted in Rhode Island property ownership and management				
5. State of Formation Rhode Island					
Principal Office Address Cross Street		City Westerly	State RI	Zip 02891	
7. Mailing Address of Limit	ed Liability Company and Name or Title		,	•	
Contact Name Marian Faller		Contact Title Member			
Street Address 97 Cross Street		City Westerly	State RI	^{Zip} 02891	
8. List ALL managers (nar	nes and addresses) of the Limited Liab	ility Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name		Manager Name			

Street Address

Manager Name

Street Address

City

City

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

Zip

Zip

State

State

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

Street Address

Manager Name

Street Address

City

City

MARIAN FALLER

Date

State

State

11/14/17

Zip

Zip

Check the box to indicate an attachment

Signature of Authorized Person

SIGN DOCUMENT HERE

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

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BY \$317425

FORM 632 - Revised: 10/2017