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. DEPT. OF ST
1. Entity ID Number 111872	2. Exact name of the Limited Liability Company STOONE, LLC				23
3. NAICS Code 53/110 5. State of Formation Rhode Island	Brief description of the character of business conducted in Rhode Island Ownership and management of real estate				
6. Principal Office Address	<u> </u>		City	State	Zip
4 Traverse Street			Providence	RI	02906
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Scott Stenhouse			Contact Title Authorized Member		
Street Address 4 Traverse Street			City Providence	State RI	^{Zip} 02908
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Menager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
				Check the box to in	dicate an attachment
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Date					
SCOTT STENHOUSE Nove					er 7, 2017
Signature of Authorized Person Such appears to the second					
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MAIL TO:

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

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FORM 632 - Revised: 10/2017