



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**

Corporation

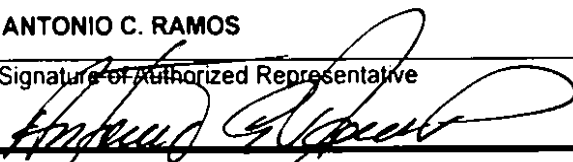
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 JAN 19 PM 12:30

1. Entity ID Number 15521		2. Exact name of the Corporation NEW ENGLAND STONE INDUSTRIES, INC.			
3. Principal Office Address 15 BRANCH PIKE			City SMITHFIELD	State RI	Zip 02917
4. NAICS Code 327991		6. Brief description of the character of business conducted in Rhode Island MANUFACTURE AND SALE OF GRANITE NAICS CODE 327991			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANTONIO C. RAMOS			Vice-President Name ANTONIO C. RAMOS		
Street Address 30 RELIANCE DRIVE			Street Address 30 RELIANCE DRIVE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name ANN MARIE RAMOS			Treasurer Name ANN MARIE RAMOS		
Street Address 30 RELIANCE DRIVE			Street Address 30 RELIANCE DRIVE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANTONIO C. RAMOS			Director Name NONE		
Street Address 30 RELIANCE DRIVE			Street Address		
City BRISTOL	State RI	Zip 02809	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR VALUE
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 ANTONIO C. RAMOS					Date 1/8/18
Signature of Authorized Representative 					FILED 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

JAN 19 2018

BY **10938 KM**

FORM 630 - Revised: 10/2016