State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2017
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.

| 1. Entity ID Number 001662215                            |                      | 2. Exact name of the Limited Liability Company HEARTHSTONE PROPERTIES, LLC  |   |                      |                        |  |
|--|----------------------|---|---|----------------------|------------------------|--|
| 3. NAICS Code  | 4. Brief desc        | 4. Brief description of the character of business conducted in Rhode Island |   |                      |                        |  |
| 236118   | RESIDENT             | RESIDENTIAL REMODELING  |   |                      |                        |  |
| 5. State of Formation RI                                 |                      |   |   |                      |                        |  |
| 6. Principal Office Address                              |                      |   | City  | State                | Zip                    |  |
| 11 POTTER AVE  |                      |   | WEST WARWICK                                  | RI                   | 02893                  |  |
| 7. Mailing Address of Limited                            | Liability Compan     | y and Name or Tit   | le of Contact Person                          |                      |                        |  |
| Contact Name MICHAEL KUBACKI                             |                      |   | Contact Title OWNER                           |                      |                        |  |
| Street Address 11 POTTER AVE                             |                      |   | City WEST WARWICK                             | State RI             | Zip 02893              |  |
|  |                      | of the Limited Lial   | bility Company, IF APPLICABLE                 | - DO NOT LIST        | MEMBERS                |  |
| Manager Name MICHAEL D KUBACKI                           |                      |   | Manager Name N/A                              |                      |                        |  |
| Street Address 11 POTTER AVE                             |                      |   | Street Address                                |                      |                        |  |
| City WEST WARWICK  | State RI             | Zip 02893   | City  | State                | Zıp                    |  |
| Manager Name N/A   |                      |   | Manager Name N/A                              |                      |                        |  |
| Street Address   |                      |   | Street Address                                |                      |                        |  |
| City   | State                | Zip   | City  | State                | Zip                    |  |
|  |                      | <del></del>   |   | Check the box to     | indicate an attachment |  |
| 9. Resident Agent in Rhode                               | Island. This informa | ation is currently of re  | ecord with the Department of State. C         | Changes require fili | ng Form 642.           |  |
| Under penalty of perjury, I statements, and that all sta |                      |   | mined this report, including are and correct. | ny accompanyin       | g schedules and        |  |
| Name of Authorized Person MICHAEL D. KUBACKI             |                      |   |   | Bate                 | 13/17                  |  |
| Signature of Apphorized Pers                             |                      | SIGN D  | OCUMENT HERE                                  | <del></del>          |                        |  |

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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FORM 632 - Revised: 08/2017