



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year:

2019

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 DIVISION  
STAMP

2019 FEB -4 AM 11:37

1. Entity ID Number <u>1659689</u>		2. Exact name of the Corporation <u>SET IN STONE OF New England Inc</u>	
3. Principal Office Address <u>PO Box 124</u>		City <u>Exeter</u>	State <u>RI</u>
4. NAICS Code <u>236118</u>		6. Brief description of the character of business conducted in Rhode Island <u>MASONRY Projects</u> <u>MASONRY Business</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Raymond W. Limoges</u>		Vice-President Name	
Street Address <u>28 Beacon drive</u>		Street Address	
City <u>North Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES <u>1000</u>	CLASS/SERIES <u>CWP</u>
		PAR VA. UF <u>0.00</u>	
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. <b>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.</b>			
Name of Authorized Representative		Date	
Signature of Authorized Representative 		SIGN DOCUMENT HERE <b>FILED</b>	

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BY ca P5HDX