



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

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 SECRETARY OF STATE  
 CORPORATIONS DIVISION  
 2019 APR - 3 AM 11:22

**Annual Report for the year:** 2019  
**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<br><b>001663421</b>   |          | 2. Exact name of the Limited Liability Company<br><b>Boston Stone LLC</b>                         |                         |                   |              |
| 3. NAICS Code<br>238340   |          | 4. Brief description of the character of business conducted in Rhode Island<br>Stone installation |                         |                   |              |
| 5. State of Formation<br>Mass   |          |   |                         |                   |              |
| 6. Principal Office Address<br>1 Squanto Rd   |          |   | City<br>Weymouth        | State<br>Ma       | Zip<br>02191 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |          |   |                         |                   |              |
| Contact Name April Giannelli  |          |   | Contact Title President |                   |              |
| Street Address 1 Squanto Rd   |          |   | City Weymouth           | State Ma          | Zip 02191    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |          |   |                         |                   |              |
| Manager Name April Giannelli  |          |   | Manager Name            |                   |              |
| Street Address 1 Squanto Rd   |          |   | Street Address          |                   |              |
| City Weymouth   | State Ma | Zip 02191   | City                    | State             | Zip          |
| Manager Name  |          |   | Manager Name            |                   |              |
| Street Address  |          |   | Street Address          |                   |              |
| City  | State    | Zip   | City                    | State             | Zip          |
| Check the box to indicate an attachment <input type="checkbox"/>  |          |   |                         |                   |              |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |          |   |                         |                   |              |
| <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 Person<br>April Giannelli  |          |   |                         | Date<br>3/19/2019 |              |
| Signature of Authorized Person<br><i>April Giannelli</i>  |          |   | 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

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BY *[Signature]*