



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

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.

2019 APR - 3 AM 11:22  
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|   |                 |  |                                |                          |                     |
|---|-----------------|--|--------------------------------|--------------------------|---------------------|
| 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><b>238340</b>  |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>Stone installation</b> |                                |                          |                     |
| 5. State of Formation<br><b>Mass</b>  |                 |  |                                |                          |                     |
| 6. Principal Office Address<br><b>1 Squanto Rd</b>  |                 | City<br><b>Weymouth</b>  |                                | State<br><b>Ma</b>       | Zip<br><b>02191</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |                 |  |                                |                          |                     |
| Contact Name <b>April Giannelli</b>   |                 |  | Contact Title <b>President</b> |                          |                     |
| Street Address <b>1 Squanto Rd</b>  |                 | City <b>Weymouth</b>   |                                | State <b>Ma</b>          | Zip <b>02191</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |                 |  |                                |                          |                     |
| Manager Name <b>April Giannelli</b>   |                 |  | Manager Name                   |                          |                     |
| Street Address <b>1 Squanto Rd</b>  |                 |  | Street Address                 |                          |                     |
| City <b>Weymouth</b>  | State <b>Ma</b> | Zip <b>02191</b>   | 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><b>April Giannelli</b>   |                 |  |                                | Date<br><b>3/19/2019</b> |                     |
| 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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FORM 632 - Revised: 10/2017