| S                                                                                                                                                                                                                                                    | tate of Rhode Island and Pro<br>Office of the Secreta |                                                  | Fee: \$50.00      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------|-------------------|--|
| Division Of Business Services                                                                                                                                                                                                                        |                                                       |                                                  |                   |  |
| 148 W. River Street                                                                                                                                                                                                                                  |                                                       |                                                  |                   |  |
| Providence RI 02904-2615                                                                                                                                                                                                                             |                                                       |                                                  |                   |  |
| HOPE                                                                                                                                                                                                                                                 | (401) 222-304                                         | 10                                               |                   |  |
| Limited Liability Com<br>Annual Report<br>Filing Period: September 1                                                                                                                                                                                 |                                                       |                                                  |                   |  |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing<br>to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-<br>16-66(b&c)) is subject to a penalty fee of \$25.00. |                                                       |                                                  |                   |  |
| ANNUAL REPORT YEAR: 2019                                                                                                                                                                                                                             |                                                       |                                                  |                   |  |
| <b>1. ID No.</b> <u>000129366</u>                                                                                                                                                                                                                    |                                                       |                                                  |                   |  |
| 2. Exact Name of the Limited Liability Company Stone Systems of New England, LLC                                                                                                                                                                     |                                                       |                                                  |                   |  |
| 3. State of Formation                                                                                                                                                                                                                                |                                                       |                                                  |                   |  |
| State: MN                                                                                                                                                                                                                                            |                                                       |                                                  |                   |  |
|                                                                                                                                                                                                                                                      |                                                       |                                                  |                   |  |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.                                                                     |                                                       |                                                  |                   |  |
| <u>327991</u>                                                                                                                                                                                                                                        |                                                       |                                                  |                   |  |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island                                                                                                                                                    |                                                       |                                                  |                   |  |
| FABRICATION AND INSTALLATION OF STONE PRODUCTS                                                                                                                                                                                                       |                                                       |                                                  |                   |  |
| 5. Principal Office Address                                                                                                                                                                                                                          |                                                       |                                                  |                   |  |
| No. and Street: 355 ALHAMBRA CIRCLE, STE. 1000                                                                                                                                                                                                       |                                                       |                                                  |                   |  |
|                                                                                                                                                                                                                                                      | L GABLES                                              | State: <u>FL</u> Zip: <u>33134</u> Co            | untry: <u>USA</u> |  |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:                                                                                                                                                                 |                                                       |                                                  |                   |  |
| Contact Name: Contact Title:                                                                                                                                                                                                                         |                                                       |                                                  |                   |  |
|                                                                                                                                                                                                                                                      | HAMBRA CIRCLE, STE. 1000                              |                                                  |                   |  |
| City or Town: CORAL                                                                                                                                                                                                                                  | GABLES                                                | State: <u>FL</u> Zip: <u>33134</u> Co            | untry: <u>USA</u> |  |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.<br>DO NOT LIST MEMBERS                                                                                                                                          |                                                       |                                                  |                   |  |
| Title                                                                                                                                                                                                                                                | Individual Name                                       | Address                                          |                   |  |
|                                                                                                                                                                                                                                                      | First, Middle, Last, Suffix                           | Address, City or Town, State, Zip Co             | ode, Country      |  |
| MANAGER                                                                                                                                                                                                                                              | EDUARDO COSENTINO                                     | 355 ALHAMBRA CIRCLE, S<br>CORAL GABLES, FL 33134 |                   |  |
| MANAGER                                                                                                                                                                                                                                              | ROGELIO MIGUEL VILLANUEVA                             | 355 ALHAMBRA CIRCLE, S                           | STE. 1000         |  |

|         | ENFEDAQUE               | CORAL GABLES, FL 33134 USA                                   |
|---------|-------------------------|--------------------------------------------------------------|
| MANAGER | TRAVIS DUPRE            | 355 ALHAMBRA CIRCLE, STE. 1000<br>CORAL GABLES, FL 33134 USA |
| MANAGER | LEOCADIA BARNES SANCHEZ | 355 ALHAMBRA CIRCLE, STE. 1000<br>CORAL GABLES, FL 33134 USA |
| MANAGER | GISELLE MARANGES        | 355 ALHAMBRA CIRCLE, STE. 1000<br>CORAL GABLES, FL 33134 USA |

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 3 Day of October, 2019 at 11:13:37 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By NATALIE PICKENS

Signature of Authorized Person

Form No. 632 Revised 09/07

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