RI SOS Filing Number: 201924496120 Date: 10/11/2019 4:00:00 PM -

Rhode Island and Providence Plantations

## Depritment of State - Business Services Division

Annual Report for the year: 2019
Limited Lability Company

→ Filing Fee: \$50.00

→ Filing Fee: \$50.00

→ Filing Fee: \$50.00

→ Filing Fee: \$50.00 fee if form is not filed by December 1.

526563	2. Exact	2. Exact name of the Limited Liability Company STONE ESSENTIALS LLC			
3. NAICS Code	4. Brief	Brief description of the character of business conducted in Rhode Island     Stone Care Manufactures			
325998	Stone C	Stone Care Manufacturer			
5. State of Formation					
RHODE ISLAND					
6. Principal Office Addre	ess		City		_
592 Amold Road			Coventry	State	Zip
7. Mailing Address of Lin	nited Liability Comp	pany and Name	or Title of Contact S	RI	02816
7. Mailing Address of Limited Liability Company and Name of Contact Name Charles A. Lamendola  Stoot Address co. 4.			Contact Title		
			Contact Title Manager		
Street Address 592 Amold Road			City Coveres	State RI	7ie
8. List ALL managers (names and addresses) of the Limited Manager Name			Liability Company IF Apprec	RI	<sup>Zip</sup> 02816
Vanager Name			Manager Name	ABLE - DO NOT LIST !	MEMBERS
Street Address					
		Street Address			
ity	State	Zip	City	Ctata	
Aanager Name				State	Zip
		<del></del>	Manager Name		<del></del>
itreet Address			Street Address		
ity	State	Zip	City		
			City	State	Zip
Resident Agent in Rhode Island. This information is currently of record with the Department of Sinder penalty of perjury, I declare and affirm that I have examined this report in the life.				Check the house	<u> </u>
nder nenalty of periury.	I declare and and	abon is currently o	f record with the Department of Sta	Check the box to ind	icate an attachment
atements, and that all \$	latements contail	rin mat i nave e. ned herein are f	I record with the Department of Sta xamined this report, including true and correct.	g any accompanying	Schodula-
Allie of Morris, man a crook	_ <del></del>		sac and correct.		chedules and
harles A. Lamendola				Date	
gnature of Authorized Person				October 3, 2019	
Charles Ro	turne	//			
		mer			
				j- i	LED

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ni.gov OCT 1 1 2019

FORM 632 - Revised: 10/2017