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

FILED
FEB 05 2021
BY 455180

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation			
000018374	RED STONE INC.			
3. Principal Office Address		City	State	Zip
114 ASHAWAY ROAD		WESTERLY	RI	02891
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
811111	AUTO GARAGE REPAIR SHOP, TIRE SALES, ALIGNMENTS			
5. State of Incorporation				
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: CARL LOMBARDO			Vice-President Name: PATRICIA LOMBARDO		
Street Address: 114 ASHAWAY ROAD			Street Address: 114 ASHAWAY ROAD		
City: WESTERLY	State: RI	Zip: 02891	City: WESTERLY	State: RI	Zip: 08291
Secretary Name: PATRICIA LOMBARDO			Treasurer Name: CARL LOMBARDO		
Street Address: 114 ASHAWAY ROAD			Street Address: 114 ASHAWAY ROAD		
City: WESTERLY	State: RI	Zip: 02891	City: WESTERLY	State: RI	Zip: 02891

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: NONE			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
50	COMMON	NO PAR

11. This report must be executed on behalf of the corporation by an authorized represeniative. 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.

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.

Name of Authorized Representative	Date
CARL LOMBARDO	1/29/2021

Signature of Authorized Representative: [signature] 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

FORM 630 - Revised: 10/2017