



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

FILED

Annual Report for the year: 2021
 Corporation

MAR 25 2021

BY

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- 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 579733 | | 2. Exact name of the Corporation STONE DEPOT OF RHODE ISLAND, INC. | |
| 3. Principal Office Address 42 STILLWATER DRIVE | | City WARWICK | State RI |
| | | Zip 02889 | |
| 4. NAICS Code 2082 | | 5. Brief description of the character of business conducted in Rhode Island SHOWROOM SALES OF KITCHEN COUNTERTOPS AT RETAIL. | |
| 5. State of Incorporation Rhode Island | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Zhuo QING LI | | Vice-President Name Zhuo QING LI | |
| Street Address 42 STILLWATER DRIVE | | Street Address SAME | |
| City WARWICK | State RI | Zip 02889 | |
| Secretary Name Zhuo QING LI | | Treasurer Name Zhuo QING LI | |
| Street Address SAME | | Street Address SAME | |
| City | State | Zip | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name NONE | | Director Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| 8. Shares Authorized | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | |
| This information is currently of record in the Department of State. | | NUMBER OF SHARES 100 | CLASSIFIERS COMMON |
| Changes require an additional filing. | | PAR VALUE NO. PAR | |
| 11. This report must be executed on behalf of the corporation by an authorized representative. 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 Zhuo QING LI | | Date 3/22/21 | |
| Signature of Authorized Representative <i>[Signature]</i> | | SIGN DOCUMENT HERE | |

MAIL TO:
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