



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAY 03 2024
BY 47522 AS

1. Entity ID Number 000018374		2. Exact name of the Corporation RED STONE, INC.			
3. Principal Office Address 114 ASHAWAY ROAD			City WESTERLY	State RI	Zip 02891
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
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 02891
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 <input type="checkbox"/>					
Director Name			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 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		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 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 Patricia M. Lombardo					Date 4/10/2024
Signature of Authorized Representative Patricia M. Lombardo					

MAIL TO:
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