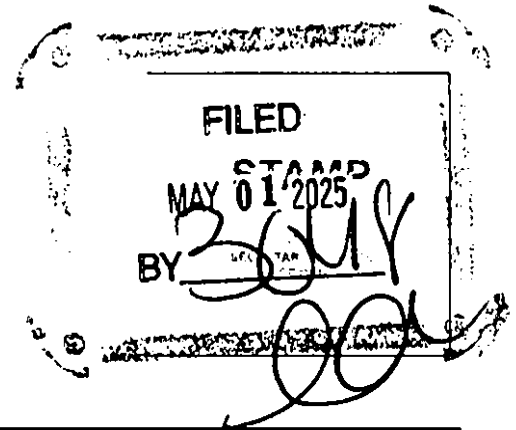




State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025  
Limited Liability Company

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



|                                                                                                                                                                                                         |  |                                                                                                                         |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 1. Entity ID Number<br>000134661                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br>Stonehill Drive, LLC                                                  |                             |
| 3. NAICS Code<br>531110                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br>Ownership and Development of Real Estate |                             |
| 5. State of Formation<br>RI                                                                                                                                                                             |  |                                                                                                                         |                             |
| 6. Principal Office Address<br>1414 Atwood Avenue                                                                                                                                                       |  | City<br>Johnston                                                                                                        | State<br>RI<br>Zip<br>02919 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                         |                             |
| Contact Name<br>Kelly Coates                                                                                                                                                                            |  | Contact Title<br>Authorized Trustee                                                                                     |                             |
| Street Address<br>1414 Atwood Avenue                                                                                                                                                                    |  | City<br>Johnston                                                                                                        | State<br>RI<br>Zip<br>02919 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                     |  |                                                                                                                         |                             |
| 9. 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 Person<br>Kelly Coates                                                                                                                                                               |  | Date<br>4/23/25                                                                                                         |                             |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                                                         |                             |

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)