

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000005717

Entity Name: MARSTONE, INC.

**Current Principal Place of Business:**

171 CHESTNUT STREET  
SUITE 200  
PROVIDENCE, RI 02903

**FILED**  
**Feb 09, 2024**  
**Secretary of State**  
**4371543483CC**

**Current Mailing Address:**

697 THIRD AVENUE  
SUITE 350  
NEW YORK, NY 10017 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, SECRETARY, DIRECTOR  
Name            HARTIGAN, MARGARET  
Address        697 THIRD AVENUE  
                  SUITE 350  
City-State-Zip: NEW YORK NY 10017

Title            TREASURER, CFO, VP  
Name            LAVINE, CHRISTOPHER D  
Address        697 THIRD AVENUE  
                  SUITE 350  
City-State-Zip: NEW YORK NY 10017

Title            DIRECTOR  
Name            LAFIGLIOLA, CARLOS  
Address        171 CHESTNUT STREET  
                  SUITE 200  
City-State-Zip: PROVIDENCE RI 02903

Title            DIRECTOR  
Name            SCHUTZ, ANTON  
Address        171 CHESTNUT STREET  
                  SUITE 200  
City-State-Zip: PROVIDENCE RI 02903

Title            DIRECTOR  
Name            DICKEY, KRISTEN  
Address        171 CHESTNUT STREET  
                  SUITE 200  
City-State-Zip: PROVIDENCE RI 02903

Title            DIRECTOR  
Name            WASTCOAT, RICHARD  
Address        171 CHESTNUT STREET  
                  SUITE 200  
City-State-Zip: PROVIDENCE RI 02903

Title            DIRECTOR  
Name            RAFFERTY, MICHAEL  
Address        171 CHESTNUT STREET  
                  SUITE 200  
City-State-Zip: PROVIDENCE RI 02903

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MARGARET HARTIGAN**

**SECRETARY**

**02/09/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date