



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
148 W. River St.  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007**

**Filing Period: January 1 - March 1 • Filing Fee: \$50.00\*** THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 124817		2. Name of Corporation JS MASONRY INC		
3. Street Address Principal Business Office 49 LEMIS ST		City COVENTRY	State RI	Zip 02816
4. Business Phone No. 401 828-3517		5. State of Incorporation RI		
6. Brief Description of the Character of Business Conducted in Rhode Island MASONRY				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name JOSEPH SOUSA		Vice President Name JOSE SOUSA		
Street Address 49 LEMIS ST		Street Address 49 LEMIS ST		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI
Secretary Name ORIANA SOUSA		Treasurer Name JOSE SOUSA		
Street Address 49 LEMIS ST		Street Address 49 LEMIS ST		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES				
Number of Shares 1000		Class/Series CC		Par Value 00
10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares 00		Class/Series		Par Value
THIS SECTION MUST BE COMPLETED				

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.

**FILED**

File Date JAN 29 2008

Check No. 048089 10152

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

Signature JOSEPH SOUSA Date 1/22/08

Print or Type Name \_\_\_\_\_

Title \_\_\_\_\_