State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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.	2. Name of Corporation			
321835	FERNANDES MASONRY, INC.			
3. Street Address Principal Business Office		City	State	Zip
1031 PHILLIPS ROAD		NEW BEDFORD	MA	02745
4. Business Phone No.	5. State of Incorporation			
508-998-2121	MASSACHUSETTS			

6. Brief Description of the Character of Business Conducted in Rhode Island
FOUNDATION, EXTERIOR CONSTRUCTION

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
VICTOR FERNANDES					
Street Address			Street Address		
17 SEARS LANE					
City	State	Zip	City	State	Zip
ACUSHNET	MA	02702			
Secretary Name			Treasurer Name		
DAVID FERNANDES			JOSE FERNANDES		
Street Address			Street Address		
404 MIDDLE STREET			~~28 IRVINGTON STREET~~ 147 White Oak Run		
City	State	Zip	City	State	Zip
ACUSHNET	MA	02702	~~NEW BEDFORD~~ N. Dartmouth	MA	~~02740~~ 02747

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
JULIAO FERNANDES					
Street Address			Street Address		
~~143 CENTRAL STREET~~ 67 Mendall Rd.					
City	State	Zip	City	State	Zip
~~NEW BEDFORD~~ Acushnet	MA	~~02740~~ 02743			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
10,000	COMMON	NPV

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — **THIS SECTION MUST BE COMPLETED**

Number of Shares	Class/Series	Par Value
10,000	COMMON	NPV

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.

[redacted] [redacted]

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.

• [redacted] • 2/17/09
Signature *Date*

• Victor Fernandes
Print or Type Name

[redacted] • President
Title

File Date 2-19-09
Check No. 019586
By: MNC
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/06