



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 2010

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. 4667		2. Name of Corporation ACOR Masonry Contractors Inc.	
3. Street Address Principal Business Office 48 Cedar Forest Road			
City Smithfield		State RI	Zip 02917
4. Business Phone No. 401 222-2013		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island Masonry Construction			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Victor Silva		Vice President Name Eduardo Dias	
Street Address 48 Cedar Forest Road		Street Address 44 Wellington St.	
City Smithfield	State RI	City East Prov.	State RI
Zip 02917	Zip 02914	Treasurer Name Victor Silva	
Secretary Name Eduardo Dias		Street Address SAME AS ABOVE	
Street Address SAME AS ABOVE		City SAME AS ABOVE	
City Smithfield	State RI	City East Prov.	State RI
Zip 02917	Zip 02914	8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS	
Director Name Victor Silva		Director Name Eduardo Dias	
Street Address Same as Above		Street Address Same as Above	
City Smithfield	State RI	City East Prov.	State RI
Zip 02917	Zip 02914	9. SHARES AUTHORIZED	
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
Number of Shares 5,000	Class/Series Common Stock	Par Value no par value	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			

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 FEB 01 2010

Check No. By 528

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 Victor Silva Date 1-30-2010

Print or Type Name Victor Silva

Title President