RI SOS Filing Number: 201062509360 Date: 05/18/2010 4:00 PM

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. | 2. Name of Corporation | | | |
|---|---|---|---|---|
| 35839 | JOHN PACHECO MASONRY, INC | | | |
| 3. Street Address Principal Business Office | | City | State | Zip |
| 53 ST ELIZABETH STREET | | BRISTOL | RI | 02809 |
| 4. Business Phone No. | 5. State of Incorporation | | | |
| 401-253-9277 | RHODE ISLAND | | | |

6. Brief Description of the Character of Business Conducted in Rhode Island
CONCRETE SLAB FINISHING AND MASONRY WORK

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

| President Name | Vice President Name |
|---|---|
| JOHN PACHECO | |
| Street Address: 53 ST ELIZABETH STREET | Street Address: |
| City: BRISTOL State: RI Zip: 02809 | City: State: Zip: |
| Secretary Name: JOHN PACHECO | Treasurer Name: JOHN PACHECO |
| Street Address: 53 ST ELIZABETH STREET | Street Address: 53 ST ELIZABETH STREET |
| City: BRISTOL State: RI Zip: 02809 | City: BRISTOL State: RI Zip: 02809 |

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

| Director Name | Director Name |
|---|---|
| JOHN PACHECO | |
| Street Address: 53 ST ELIZABETH STREET | Street Address: |
| City: BRISTOL State: RI Zip: 02809 | City: State: Zip: |
| Director Name: | Director Name: |
| Street Address: | Street Address: |
| City: State: Zip: | City: State: Zip: |

**9. SHARES AUTHORIZED**

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 100 | COMMON | 0 |
| | | |

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.

*Signature* John Pacheco *Date* 5/15/10

JOHN PACHECO
*Print or Type Name*

PRESIDENT
*Title*

[redacted]

*File Date* FILED
*Check No.* MAY 18 2010
*By:* By 51994 5218
FOR SECRETARY OF STATE USE ONLY

48788-6-510664

Form 630 Rev. 08/08