

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014 Filing Period: January 1 - March 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00	· FAILURE TO I	ILE THIS REPORT BY	MARCH 31 WILL R	ESULT IN A \$25.00 PF	NAITY FEE		
1. Entity ID No. 312310	2. Exact n	2. Exact name of the Corporation  MADURO MASONRY CONTRACTOR, INC.					
<del>-</del>	i	TO MASOIAKT C	ONTRACTOR,	INC.			
Principal office address     CHRISTOPHER DRIVE			City BRISTOL	State RI	Zip 02809		
4. Business Phone No. 4014991344			5. State of Incorpor	ration	02003		
6. Brief description of the coto do all masonry v	character of busine.	ss conducted in Rhode Isla	nd				
President Name			New Press, 77 or and The American				
FRANCISCO T. MADURO			Vice-President Nam NATALIA M. N	ne MADURO			
	B CHRISTOPHER DRIVE			Street Address 8 CHRISTOPHER DRIVE			
City BRISTOL	State RI	Zip <b>02809</b>	City BRISTOL	State RI	Zip 02809		
Secretary Name NATALIA M. MADURO			Treasurer Name FRANCISCO T. MADURO				
Street Address 8 CHRISTOPHER D			Street Address 8 CHRISTOPH	ER DRIVE			
City BRISTOL	State RI	Zip <b>02809</b>	City BRISTOL	State	Zip <b>02899</b>		
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FRANCISCO T. MAD	FRANCISCO T. MADURO			Director Name NATALIA M. MADURO			
	CHRISTOPHER DRIVE			Street Address 8 CHRISTOPHER DRIVE			
BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 0 000		
NONE	NE		Director Name NONE				
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is Information is summet			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
is Information is currently of record in the Office of the Secretary State. Changes require an additional filing. e Section 9 of instruction sheet.		200	COMMON	NO PAR VALUE			
his report must be executed	d on behalf of the o	orporation by an authorized the executed on behalf of	d representative. If the c	corporation is in the hands	of a receiver or trustee,		

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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.

MAR 0 3 2014 on 218937

Signature of Authorized Representative

FRANCISCO T. MADURO

Form No. 630 Revised: 01/2012 Print or Type Name of Authorized Representative