RI SOS Filing Number: 201436648420 Date: 03/03/2014 4:00 PM

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 FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
797484	H & C PLASTER INC.

3. Principal office address	City	State	Zip
61 HILLSIDE AVENUE	REHOBOTH	MA	02769

4. Business Phone No.	5. State of Incorporation
	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
Plaster

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
ARLINDO DECASTRO	61 HILLSIDE AVENUE	REHOBOTH	MA	02769

Vice-President Name	Street Address	City	State	Zip
ARLINDO DECASTRO	61 HILLSIDE AVENUE	REHOBOTH	MA	02769

Secretary Name	Street Address	City	State	Zip
ARLINDO DECASTRO	61 HILLSIDE AVENUE	REHOBOTH	MA	02769

Treasurer Name	Street Address	City	State	Zip
ARLINDO DECASTRO	61 HILLSIDE AVENUE	REHOBOTH	MA	02769

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
ARLINDO DECASTRO	61 HILLSIDE AVENUE	REHOBOTH	MA	02769
NONE				

Director Name	Street Address	City	State	Zip
NONE				
NONE				

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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	NO PAR VALUE

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.

FOR SECRETARY OF STATE USE ONLY
File Date
Check No. 1145
By:

FILED
MAR 03 2014
CR 218937

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.

Arlindo DeCastro 2/28/14
Signature of Authorized Representative Date

ARLINDO DECASTRO
Print or Type Name of Authorized Representative

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2014 MAR -3 PM 1:45

Form No. 630
Revised: 01/2012

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