



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 2015

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. 118377		2. Exact name of the Corporation EAST SIDE MASONRY, INC.		
3. Principal office address 90 RIVERSIDE DRIVE		City EAST PROVIDENCE	State RI	Zip 02915
4. Business Phone No. (401) 433-3338		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island MASONRY WORK, CONTRUCTION WORK, INCLUDING RESTORATION AND REPAIR WORK				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (*X* BOX FOR ATTACHMENT)				
President Name MICHAEL R. PLUME		Vice-President Name MICHAEL R. PLUME		
Street Address 90 RIVERSIDE DRIVE		Street Address 90 RIVERSIDE DRIVE		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI
Secretary Name MICHAEL R. PLUME		Treasurer Name MICHAEL R. PLUME		
Street Address 90 RIVERSIDE DRIVE		Street Address 90 RIVERSIDE DRIVE		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (*X* BOX FOR ATTACHMENT)				
Director Name NONE		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED (*X* BOX FOR ATTACHMENT)				
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.				
NUMBER OF SHARES 50		CLASS/SERIES COMMON		PAR VALUE NO PAR

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.

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.

FILED

FEB 19 2015

BY

3801

Signature of Authorized Representative

Date

2-17-2015

MICHAEL R. PLUME

Print or Type Name of Authorized Representative

File Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012