



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. <u>4667</u>		2. Exact name of the Corporation <u>ACOR MASONRY CONTRACTORS, INC.</u>		
3. Principal office address <u>48 Cedar Forest Rd.</u>		City <u>Smithfield</u>	State <u>RI</u>	Zip <u>02917</u>
4. Business Phone No. <u>401-232-2013</u>		5. State of Incorporation <u>RI</u>		
6. Brief description of the character of business conducted in Rhode Island <u>MASONRY CONTRACTORS,</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
President Name <u>VICTOR SILVA</u>		Vice-President Name <u>EDUARDO DIAS</u>		
Street Address <u>48 Cedar Forest Rd.</u>		Street Address <u>44 Wellington St</u>		
City <u>Smithfield</u>	State <u>RI</u>	Zip <u>02917</u>	City <u>E. Providence</u>	State <u>RI</u>
Secretary Name <u>EDUARDO DIAS</u>		Treasurer Name <u>VICTOR SILVA</u>		
Street Address <u>Same as above</u>		Street Address <u>48 Cedar Forest Rd.</u>		
City <u>EAST PROVIDENCE</u>	State <u>RI</u>	Zip <u>02914</u>	City <u>SMITHFIELD</u>	State <u>RI</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <u>VICTOR SILVA</u>		Director Name		
Street Address <u>48 Cedar Forest Rd</u>		Street Address		
City <u>Smithfield</u>	State <u>RI</u>	Zip <u>02917</u>	City	State
Director Name <u>EDUARDO DIAS</u>		Director Name		
Street Address <u>44 Wellington St.</u>		Street Address		
City <u>EAST PROVIDENCE</u>	State <u>RI</u>	Zip <u>02914</u>	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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	CLASS/SERIES	PAR VALUE
		<u>5000</u>	<u>CNP</u>	<u>0</u>

SECRETARY OF STATE
CORPORATIONS DIV
APR 27 PM 2:07

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.

File Date _____
 Check No _____
 By _____
 FOR SECRETARY OF STATE USE ONLY

2:10 pm
FILED
APR 27 2015
247708

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] 4-27-15
 Signature of Authorized Representative Date

Print or Type Name of Authorized Representative

ICM