



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 **2016**

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. 124453		2. Exact name of the Corporation R.C. Masonry, Inc.			
3. Principal office address 13 Pinewood Avenue		City Johnston	State RI	Zip 02919	
4. Business Phone No. 401-946-5227		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To own and operate a masonry business					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Rui Correia			Vice-President Name None		
Street Address 13 Pinewood Avenue			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name April Correia			Treasurer Name Rui Correia		
Street Address 13 Pinewood Avenue			Street Address 13 Pinewood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Rui Correia			Director Name None		
Street Address 13 Pinewood Avenue			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	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.

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.

Rui Correia
Signature of Authorized Representative

1/19/16
Date

Rui Correia

Print or Type Name of Authorized Representative

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 04 2016

BY 1665335