

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year:	2017
Corporation	

FILED
JAN 2 3 2017

<sub>av</sub> 6 354

$\rightarrow$	Filing	period:	January	<i>i</i> 1	- March	1
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→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

Entity ID Number	2. Exact na	me of the Corporati	ion	<del></del>					
6254		Macera Bros. Construction Co.							
3. Principal Office Address			City		State	Zi			
81 Hartford Pike			North Sc	cituate	RI		02857		
. NAICS Code	6. Brief des	cription of the chara	octer of business o	onducted in Phod	lo lolond	1			
53 - Real Estate and Renta									
State of Incorporation	including	selling and holdin	g real estate, ger	neral construction	n of buildings	s, landscap	ing,		
Rhode Island		including installation of septic system and driveways.							
List ALL officers (names ar esident Name				Che	ck the box to i	ndicate an a	ttachment		
Anthony	J. Macera		Vice-President Name Karen E. Macera						
reet Address	Slipper Lane			Street Address					
ty M. (1.0.)				20 Lady Slipper Lane					
North Scituate	State RI	Zip 02857	City North Se	cituate	State RI	Zip	02857		
cretary Name Anthony	J. Macera								
reet Address  20 Lady Slipper Lane			Street Address						
y North Scituate	State RI	Zip <b>02857</b>	City North S	cituate	State RI	Zip	02857		
List ALL directors (names a	nd addresses)			Chec	k the boy to in	dianta an a			
ector Name Anthony	J. Macera		Director Name	cnec	k the box to in	idicate an a	ttachment (		
reet Address 20 Lady Slipper Lane			Street Address						
y 11 0 11 1	State	Zip	City						
North Scituate	RI	02857	City		State	Zip	-		
ector Name			Director Name						
et Address			01						
			Street Address						
	State	Zip	City		State	Zip			
					Clare	Zip			
hares Authorized	ropord in the	10. Shares Issi		Check	k the box to inc	dicate an at	tachment [		
nis information is currently of record in the epartment of State.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE			
anges require an additional filing.		100		Common		No Par Value			
		1							
This report must be execute tee, this report must be exe	ed on behalf of the	corporation by an a	uthorized represer	ntative. If the corn	oration is in th	e hands of	rossiuse		
tee, this report must be exe	cuted on behalf of t	the corporation by t	<u>he receiver or trus</u>	tee.			a receiver (		
ler penalty of perjury, I de ements, and that all state	viare and aπirm τη ments contained i	iat i nave examine ierein are true and	ed this report, inc	luding any accor	mpanying scl	nedules and	1		
e of Authorized Representa	ative	ici ciii are true ant	i correct.	· · · · · · · · · · · · · · · · · · ·	Data				
nthony J. Macera				Date 1 – 7 – 7 7					
nature of Authorized Repres	entative			·			·		
M.	^	SIGN DOC	UMENT HER	£.					
	Jacan								

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov