

State of Rhode Island
Department of State
Annual Report for the year
Corporation

Providence Plantations
Business Services Division

7 2017

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000992093		2. Exact name of the Corporation NEW ENGLAND STONEMASON AND <i>+ Back Layer Inc</i>			
3. Principal Office Address P.O. BOX 30361		City ACUSHNET		State MA	Zip 02743
4. Business Phone Number 508-367-1634		5. State of Incorporation MA			
6. Brief description of the character of business conducted in Rhode Island MASONRY					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name JOSE MONIZ		Vice-President Name			
Street Address 66A ALLEN STREET 76 WARD ST		Street Address			
City ACUSHNET	State MA	Zip 02743	City	State	Zip
Secretary Name FRANCISCO CORREIA		Treasurer Name FRANCISCO CORREIA			
Street Address 167 PORTLAND ST		Street Address 167 PORTLAND ST			
City NEW BEDFORD	State MA	Zip 02744	City NEW BEDFORD	State MA	Zip 02744
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name JOSE MONIZ		Director Name FRANCISCO CORREIA			
Street Address 66A ALLEN STREET 76 WARD ST		Street Address 167 PORTLAND ST			
City ACUSHNET	State MA	Zip 02743	City NEW BEDFORD	State MA	Zip 02744
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		300		COMMON	
		PAR VALUE		0	
11. 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.					
Name of Authorized Representative <i>Jose A. Moniz</i>					Date 3-1-17
Signature of Authorized Representative JOSE MONIZ					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
MAR 03 2017
BY *1155 DS*