



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ 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 68822		2. Exact name of the Corporation WONDER WALL CONSTRUCTION, INC			
3. Principal Office Address 835 HIGH STREET			City CENTRAL FALLS	State RI	Zip 02863
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island DRYWALL AND PLASTERING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ARTUR SILVA			Vice-President Name LISE ANN SILVA		
Street Address 54 COOK ROAD			Street Address 54 COOK ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name LISE ANN SILVA			Treasurer Name ARTUR SILVA		
Street Address 54 COOK ROAD			Street Address 54 COOK ROAD		
City CUMBELRAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ARTUR SILVA			Director Name LISE ANN SILVA		
Street Address 54 COOK ROAD			Street Address 54 COOK ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			6000		
			COMMON		
			NO PAR AVLUE		
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 ARTUR SILVA				Date 2/25/17	
Signature of Authorized Representative 					

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 06 2017

BY

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FORM 630 - Revised: 02/2017