



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 9155		2. Exact name of the Corporation E & J MASONRY CO., INC.	
3. Principal Office Address 54 Baldwin Street		City Cumberland	State RI
		Zip 02864	
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island MASONRY AND CONSTRUCTION WORK		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Earl Parfitt		Vice-President Name Brian M. Parfitt	
Street Address 54 Baldwin Street		Street Address 4226 Diamond Hill Road	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
Secretary Name Earl Parfitt		Treasurer Name Earl D. Parfitt	
Street Address 54 Baldwin Street		Street Address 4220 Diamond Hill Road	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Earl Parfitt		Director Name	
Street Address 54 Baldwin Street		Street Address	
City Cumberland	State RI	City	State
Zip 02864		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		50	COMMON
			NO PAR
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 EARL PARFITT		Date 1/31/2017	
Signature of Authorized Representative 			

FILED**MAR 20 2017**

By

FORM 630 - Revised: 10/2016