



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.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2017 AUG 16 PM 12:40

1. Entity ID Number <u>01298009</u>		2. Exact name of the Corporation <u>Ramos Construction Masonry Inc</u>	
3. Principal Office Address <u>141 Cowesett Dr.</u>		City <u>West Warwick</u>	State <u>RI</u>
		Zip <u>02893</u>	
4. NAICS Code <u>23</u>	6. Brief description of the character of business conducted in Rhode Island <u>Masonry works.</u>		
5. State of Incorporation <u>R.I.</u>			
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Erwin L. Ramos</u>		Vice-President Name	
Street Address <u>141 Cowesett Dr.</u>		Street Address	
City <u>West Warwick</u>	State <u>RI</u>	City	State
Zip <u>02893</u>		Zip	
Secretary Name		Treasurer Name <u>Dibry A. Hidalgo</u>	
Street Address		Street Address <u>141 Cowesett Dr.</u>	
City	State	City <u>West Warwick</u>	State <u>RI</u>
Zip		Zip <u>02893</u>	
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <u>0</u>	CLASS/SERIES <u>-</u>
			PAR VALUE <u>0.00</u>
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 <u>Erwin L. Ramos</u>		Date <u>8/15/2017</u>	
Signature of Authorized Representative <u>[Signature]</u>		<b>FILED</b> AUG 16 2017 BY <u>310378 A.A.</u>	