RI SOS Filing Number: 201858309310 Date: 2/14/2018 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
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	2. Exact name of the Corporation		
39038	**J.A.M. Masonry, Inc.**		
3. Principal Office Address	City	State	Zip
6 Lori Ellen Drive	**Smithfield**	**RI**	**02917**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
23-Construction	**Masonry Contracting**		
5. State of Incorporation	738990		
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **James A. Munio**			Vice-President Name **Carol Munio**		
Street Address **6 Lori Ellen Drive**			Street Address **6 Lori Ellen Drive**		
City **Smithfield**	State **RI**	Zip **02917**	City **Smithfield**	State **RI**	Zip **02917**
Secretary Name **Carol Munio**			Treasurer Name **Carol Munio**		
Street Address **6 Lori Ellen Drive**			Street Address **6 Lori Ellen Drive**		
City **Smithfield**	State **RI**	Zip **02917**	City **Smithfield**	State **RI**	Zip **02917**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **James A. Munio**			Director Name **Carol Munio**		
Street Address **6 Lori Ellen Drive**			Street Address **6 Lori Ellen Drive**		
City **Smithfield**	State **RI**	Zip **02917**	City **Smithfield**	State **RI**	Zip **02917**
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 ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
600	**Common**	**No Par Value**

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	Date
James A. Munio, President	**1/11/18**

Signature of Authorized Representative — SIGN HERE — James A. Munio

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
FEB 14 2018
BY 3003 DS

FORM 630 - Revised: 10/2017