RI SOS Filing Number: 201859334140 Date: 2/27/2018 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
107428	G & R PLASTERING, INC.

3 Principal Office Address	City	State	Zip
227 GRAND AVENUE	PAWTUCKET	RI	02861

4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island
23-CONSTRUCTION	PLASTERING NEW AND REPAIRS
5. State of Incorporation: RHODE ISLAND	236118

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

President Name	Vice-President Name
RUSSELL J. LEMIRE	GERALD GRACE
Street Address: 227 GRAND AVENUE	Street Address: 37 MCALOON STREET
City: PAWTUCKET, State: RI, Zip: 02861	City: PAWTUCKET, State: RI, Zip: 02861
Secretary Name: GERALD GRACE	Treasurer Name: RUSSELL J. LEMIRE
Street Address: 37 MCALOON STREET	Street Address: 227 GRAND AVENUE
City: PAWTUCKET, State: RI, Zip: 02861	City: PAWTUCKET, State: RI, Zip: 02861

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

Director Name	Director Name
RUSSELL J. LEMIRE	GERALD GRACE
Street Address: 227 GRAND AVENUE	Street Address: 73 MCALOON STREET
City: PAWTUCKET, State: RI, Zip: 02861	City: PAWTUCKET, State: RI, Zip: 02861
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
	100	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	Date
RUSSELL J. LEMIRE	2/18/18

Signature of Authorized Representative: Russell J. Lemire — SIGN DOCUMENT IF FILED

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

FEB 27 2018
BY 3929 DS

FORM 630 - Revised: 10/2017