



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.

517.1

1. Entity ID Number 155598		2. Exact name of the Corporation D C Masonry INC .			
3. Principal Office Address 200 Sagamore Road		City Seekonk		State MA	Zip 02771
4. NAICS Code 238140 23 - Construction		6. Brief description of the character of business conducted in Rhode Island Construction work			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Duarte M. Correia			Vice-President Name None		
Street Address 200 Sagamore Road			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
Secretary Name Jeffrey Correia			Treasurer Name Duarte M. Correia		
Street Address 75 Holly Drive			Street Address 200 Sagamore Road		
City Seekonk	State MA	Zip 02771	City Seekok	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Duarte M. Correia			Director Name		
Street Address 200 Sagamore Road			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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/SERIALS PAR VALUE		
			100 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 Duarte M. Correia				Date 2/23/18	
Signature of Authorized Representative 				FILED SIGN DOCUMENT HERE	