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. Identification No.	2. Name of Corporation
69145	R.D. Angell Masonry Co., Inc.

3. Street Address of Principal Business Office	City	State	Zip
91 Baird Avenue	N. Providence	RI	02904

4. Business Code	5. State of Incorporation
212321	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
General construction, masonry and conrete.

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President's Name	Vice President's Name
Frank Marini	
Street Address	**Street Address**
91 Baird Avenue	
City / State / Zip	**City / State / Zip**
N. Providence / RI / 02904	
Secretary's Name	**Treasurer's Name**
Frank Marini	Frank Marini
Street Address	**Street Address**
91 Baird Avenue	91 Baird Avenue
City / State / Zip	**City / State / Zip**
N. Providence / RI / 02904	N. Providence / RI / 02904

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director's Name	Director's Name
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**

9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) ☐	10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) ☐
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.	ISSUED SHARES - THIS SECTION MUST BE COMPLETED Number of Shares / Class Name / Par Value 50 shares common stock of no par value 0 / 0 / 0

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.

Frank Marini — 3/05/18
Signature — Date

Frank Marini
Name (Type or Print)

President
Title

FILED
MAR 19 2018
BY 10017

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

Form 630 - Revised 10/2016