RI SOS Filing Number: 201862081480 Date: 4/13/2018 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
19878	Joseph J. Oliveira Masonry, Inc.

3. Principal Office Address	City	State	Zip
1046 East Shore Road	Jamestown	RI	02835

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238140	CONSTRUCTION AND MASONRY
5. State of Incorporation	
Rhode Island	

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

President Name			Vice-President Name		
Cheryl Deacon a/k/a Sherri Deacon			Jill Townsenc		
Street Address: 67 North Road			Street Address: 115 Pelham Street		
City: Jamestown	State: RI	Zip: 02835	City: Newport	State: RI	Zip: 02848
Secretary Name: Cheryl Deacon a/k/a Sherri Deacon			Treasurer Name: Jill Townsend		
Street Address: 67 North Road			Street Address: 115 Pelham Street		
City: Jamestown	State: RI	Zip: 02835	City: Newport	State: RI	Zip: 02835

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

Director Name			Director Name		
Cheryl Deacon a/k/a Sherri Deacon			Jill Townsend		
Street Address: 67 North Road			Street Address: 115 Pelham Street		
City: Jamestown	State: RI	Zip: 02835	City: Newport	State: RI	Zip: 02848
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
10	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
CHERYL DEACON a/k/a SHERRI DEACON	1/24/2018

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED APR 13 2018

BY 13 DS

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

FORM 630 - Revised: 10/2017

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